Reg. Dist. No ...

Siale MAXX/AHd	County Balt.	imere	***************************************
City or towe (If outside city of tow	h limits, write RURAI	L and give near	est town)
Street No. Varrellsyl	IL PIKE		
2.(a) If veteran, name war	***************************************		
	3. (b) Soci	ial Security N	lumber
MEDICA	L CERTIFICA	TION	The same
20. DATE OF DEATH	ember 21	6 19 45	12304
21. I CERTIFY that death occurred on the		1	1
1	19.40 10	4 4	19.42
and that I last saw h Calive on		4 6	19.7.2
Immediate cause of death	THE PARK NAME OF THE PA	dia.	DURATION 2 Y F S
invalvement			
Due to Savile change			4 n Koneras
Due to Arterioscler	0515		Lukum
Other conditions		••••••	
(Include pregnancy wi	thin 3 months of death)	
Major findings of operations			
Major Hadags of operations.			000000000000000000000000000000000000000
Autopsy results		******	
22. VIOLENCE: If death was due to exte	roal causes, fill to the fo	ollowing:	
Accident, suicide, or homicide		Date of	
Where did injury occur?(City or	towu) (Cou	ınty)	(State)
Injured at home, farm, Industry, poblic pl			
Means of Injury	Injured	t at work?	
23. SIGNATURE	in 6. Au	den	MD.
Turan 4	Mil	M. D. o	2/16/45



DEC 18 1945
BUREAU V.S.

11999

2411 N. Charles St., Baltimore 400

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legible.

MARGIN RESERVED FOR BINDING

VS A15

Reg. Dist. No.

How long in above place Hospital, institution, o	Jannigan	ville Umits, write R I week		(If rural, give	county Carroll dits, write RURAL and give nearest town) AKS burg ve LOCATION)	
3. (a) FULL NAM			E. ARNSBERGER	2.(a) If veteran, name war		
4. Sex	5. Color or race		, married, widowed, or divorced		CERTIFICATION	
Female	White	Wi	dowed	20. DATE OF DEATH Dec.	26 18 45 at 10 A.	
	eceased	*******************	Arnsberger Olf alive, give egeyear 4, 1856	21. I CERTIFY that death occurred on the date a	bove stated: that I stended deceased from 9.45, to 19.44.3	
8. AGE: Yea	89 Months	Days 22	If less than ona day	Immediate cause of death	J. C. S. C.	
10. Usual occupation	Hou	sework	tate)	Due to		
12. Name		Penna	•••••	Other conditions		
	??	Mill	er	(Include pregnancy within a		
≥ 15. Birthplace	. Claren	7 011110				
16. Informant	Marrio			PHYSICIAN: Please anderline the cause to	which death should be charged statistically.	
Burial Burial Burial Bate thereof (Burial, cremation, or removal. Which?) Ebenezer Cemetery or crematory. Winfield, Carroll Co. Md.				Where did injury occur?(City or town	Date of	
16. Funeral director C. M. Waltz				Means of Injury	Injured at work?	
Address	/194/5	Winfi	eld, Md.	23. SIGNATURE P. S. T. Address Landallaton	M. D. or other Date signed 26/45	

DETAILS OF STANDARD TO STANDARD

RECEIVED

JAN 15 1946

BUREAU TE

V. S. No. 1

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STATE OF	MARYLAND—CERTIFICATE	OF	DEATH 1191	(
ALCOHOL STREET				

Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. J. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (white the word) Wildows S. SINCLE MARRIED, WIDOWED, OR DIVORCED (white the word) Wildows 5. It married, widowed, or divorced HUSSANO (Month) Days If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance Were as follows: S. Trade, profession, or particular kind of work done as SPINNER, SAWNEL, BORKEFER, etc. J. Industry or business in which S. SAW MILL, BARK, etc. 1. Industry or business in which S. SAW MILL, BARK, etc. 1. BIRTHPLACE (city or town) (State or country) Manuel 1. BIRTHPLACE (city or town) (State or country) Where did Injury occurred in INDUSTRY, In HOMS, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOMS, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOMS, or in PUBLIC PLACE.	1. PLACE OF DEATH		950
Langth of residence in city or town where death occurres. Jeach occurred in a hospital or institution, give its NAME intered of street and number) 2. FULL NAME. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DIVORCED Currie the word) Widoward Filt married, widowed, or diverged HISSANO (Month) ABD 1. HEREBY CERTIFY, That I attended deceased HISSANO (Month) ABD 1. HEREBY CERTIFY, That I attended deceased HISSANO 1. In married, widowed, or diverged HISSANO 1. AGE Years Months Days 1. It LESS than To min. 1. Total time (wars) Saving Control of work done, as SPINNER, Normalian in his Society or business in which Saving Control of work done, as SPINNER, Normalian 1. Total time (wars) Spannin his occupation Only Control of the death and a county of the country of th	County Galtimore		Registration Dist. No. 34
Cit death occurred in a horpist or institution, give its NAME intered of steet and number) 2. FULL NAME (a) Residence: No. (b) Residence: No. (C) Usual place of abode) (C) St., Ward. (It nontresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) No. (It married, widowed, or diverged HISSANO of (roy WIFE of State or Country) 5. DATE OF BIRTH (month, day, and year) Months Days It LESS than of Law A. A. S. SINGLE, MARRIED, WIDOWED, OF J. M. A. S. S. M. A. S. S. M. A. S. S. M. A. S. M. S. M. A. S. M. S. M	Village or City new White House	e	No. St., Wa
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PERSONAL AND STATISTICAL PARTICULARS J. COLOR OR RACE If married, widowed, or diverced HUSBAND of (or) Wife of Windows DATE OF BIRTH (month, day, and year) May 23 - /86 AGE Years Months Days IT LESS than I day,	2. FULL NAME Omma	, Ushe	747
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ASE Years Months Days If LESS than I day,			
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AGE Years Months Days If LESS than I day	DATE OF BIRTH (month, day, and year) May 23	3-1867	I last saw h. 22 alive on Dec 23 1945; death is s
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Other Cantributory Causes of Importance: Other Cantributory Cause of Importance:	SAW MILL, BANK, etc.		Carling Carding Charles
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15. MAIOEN NAME Cattlewise Bossows 16. BIRTHPLACE (city or town) Mary Laud (State or country) 7. INFORMANT Mise Calss. Persage Section 1. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(State or country)	-9	
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7. INFORMANT Pure Galus. Person Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	To martie allerent last	work	
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7. INFORMANT A CARLOS IN HOME, OF IN PUBLIC PLACE.	(State of Country)		
(Addrage) (NA A A T. A NA A A	كرار والمترافية	24	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Parleton md.	/	
B. BURIAL, CREMATION, OR REMOVAL Place 11 4 Menner of injury 19 4 Menner of injury	7-54-1	, 2	
Place Place Date Date 19 4 Nature of injury	Uale Jake	19.7-6	Nature of injury
9. UNDERTAKER Colorad C Difton. 24. Was disease or Injury In any way related to occupation of deceased? (Address) Hambatead and, If so, specify.		nd.	24. Was disease or Injury In any way related to occupation of deceased?
Dell. 3, D. 10 of M. Signal Bruil & Maralla.		- R2 (15)	
O. FILED TO SELLE G. OF Registrar. (Address) Lifefells & T. David. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	0		(Address). Ufsfella 6-7 Incl.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town IIDD.C.C.O. (if obtside city or town limits, write RURAL and give nearest town)	state Maryland county Baltimore
(If obtaide city or town limits, write RURAL and give nearest town) Now long in above place of death?	City or town. Upperco (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No. Trenton Road
Trenton Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Martin Elicum Ayers	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White manuel	20. DATE DF DEATH 12-10 19 45 at 9 4
8.(b) Name of husband or wife Maller Fishpan	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
45	12-10- 19.45 to 12-10- 19.45
7. Birth date of deceased (mo., day, yr.) Sept 1-1874	and that I last saw h.1m. 30% on NO.T. Seen. allve
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
2/ 3 9nin.	Angina Pectoris 1mo.
9. Birthplace (Town, county, and state)	Due to.
10. Usuat occupation Habores,	
11. Industry or business General	Due to
12. Name Viver ayer	Other conditions
14. Maiden name Janife sheets	(Incinde pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Vieguna	Bate of op.
18. Informant My Multin ayers	Autopsy results
17 Decical Bute thereof 12 - 12 1 45 (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Suld CO	Injured at home, farm, industry, public place (where?)
18. Funeral director Edw & Tipton	Means of Injury Injured at work?
Address Hampstead, nul	23. SIGHATURE Dr. D. Caples medical Examine
19. 12-11- (Date rec'd by registrar) 19.43- 6. Fauth M. W. Registrar	m. b. or other
(Date red d by registrar) Registrar	Address 413 4 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

DEC. 13 1945

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 937 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) carefully. (If outside sity or town limits, write RURAL and give nearest town) 12 410 (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or, street address where death occurred (If rurai, give LOCATION) information of death Now long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION causes BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that Laijended deceased from FOR 7. Sirth date of deceased (mo., day, yr.) **OURATION** It less than one day Days 8. AGE: Years RESERVED (Town, county, and state) 10. Usual occupation. MARGIN 11. Industry or business WITH UNF important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? M. D. or other Date signed 12/15/45 (Date rec'd by registrar) Registrar



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

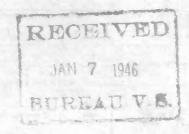
2411 N. Charles St., Baltimore 13-2)

CERTIFICATE OF DEATH

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Rog	. D	list.	. N	o	 9.

1. PLACE OF DEATH: Baltimore, 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Gounty Maryland Maryland	
GIF OF TOTAL AND THE PARTY OF T	*******
How long in above place of dealh? Maddle Rural RURAL and give nearest town)	
Hospitat, institution, or street address where death occurred: Eudowood Sanatorium, Towson 4, Md. Street No. 28 M. J. Francis of the LOCATION Control of the LOCATION CONTRO	
Arroral, give LOCATION)	
How long to hospital or institution 2 Mull Nucleus 2.(a) 11 veteran, name war.	
3. (a) FULL NAME 3. (b) Social Security Number	
Martha Bazley	
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Jemali While Married 20. DATE OF DEATH De Ceur Ses 28 1945, at 1:05	- D M
1940 VIII	7
Describes 24 souts to decrease 22 to	45
B.(c) IT alive, give ageyears	
deceased (mo., day, yr.) May 11, 10 11	
8. AGE: Years Months Days If less than one day July Long And Land Add Add Add Add Add Add Add Add Add A	
60 /hrsmin.	ut
B. Birthplace Bellining County, and state Maryland Due to. Due to.	CAS:
10. Usuat occupation. Hautemife	
Que 10	
11. Industry or business	
12. Name Dellines Ophisty, Maryland Diher conditions	
14. Maiden name Add Mark Bull Maint Studies of appretions	**********
2 15. Birthplace Baltinay Quit, Marifano Date of op.	.,,
18 informant	
Address Eudowood Sanatorium Towson 4, McPHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burini, cremation, or removal, Which?) Oale thereof	
Cemetery or crematory	******
Location There will be the Co. Man. Injured at home, farm, industry, public place (where?)	
16. Funeral director Julian Busing Sons Means of Injury Injured at work?	
1 made and the second	
23 SIGNATURE ULLIANIE U. SALVELE	
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar) (Date see'd by registrar) (Date see'd by registrar)	-45

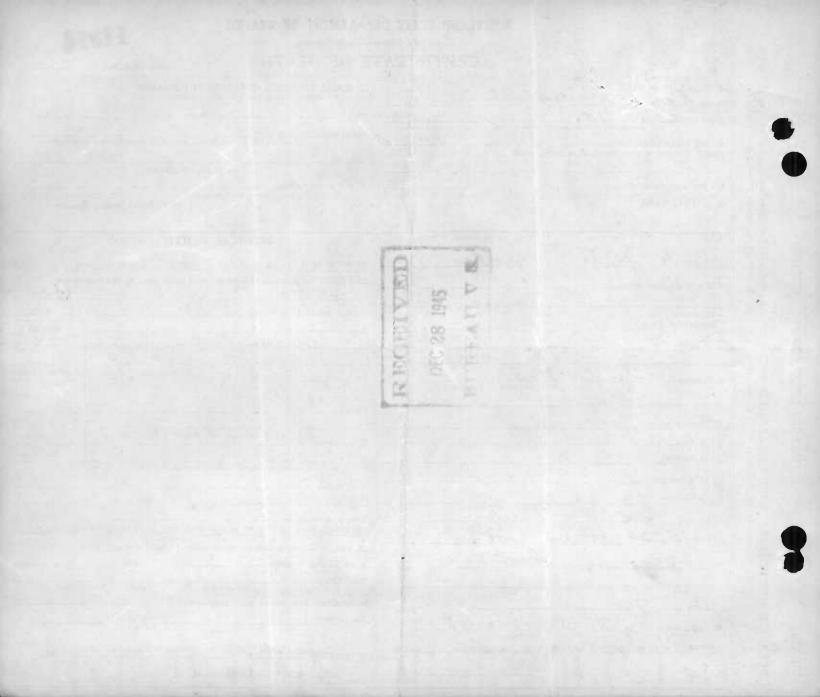


Registrar

..... Date signed.....

Evidence for addition of place

(Date rec'd by registrar)



The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The c is especially important. Physicians: please write the eauses of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d)

CERTIFICATE OF DEATH

11915

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2134	-	- 0	NY.	33

	Reg. Diat. No.
1. PLACE OF DEATH: BATT MOVE County City or town 109 Oe 1/A Aye Oe 1/A (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 28 Y/S.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, institution, or street address where death occurred:	Street No. 109 OellA Ave.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
George Washington	BAYNES 3. (b) Social Security Number
MA/e White Widower widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBEY 16 19 45. 31 1: 45 P.
8.(b) Name of husband or wite FANNIE BAYNES 5.(c) It alive, give age year 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last eaw h
9. Birthplace CAYYO CO (Town, county, and atate) 10. Usual occupation CAYON CY	Due 10. Waterwordsohi Cardie 5 yr. Due 10.
11. Industry or business / EX / (E WOYKEY 12. Name JOSHUA BAYNES 13. Birthplace CAYYO / Co, Md.	Diher conditions True (Include pregnancy within 3 months of death)
14. Matter Gaha A CSAR DANIE S 15. Birthplace MARYLAND	Major findings of operations.
16. Intermant LAWYENCE Levoy BAYNES Address 109 Della Ave. Della Md.	Autopsy results
Burial erenation, or removal Which? Date thereof Dec. 18 194; (Burial erenation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory WAYAS Chapel Location Liberty Road	Where did injury occur?
18. Funeral director EASTON SONS Address Ellicott City, Md.	Means of injury injured at work?
19. 12-18 19 45 Harry Rullse (Date ree'd by registrar) Registrar	23. SIGNATURE M. M. or other Address Ellingth (Ify). Ma. Date signed (2/17/4)



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-Ca)



CERTIFICATE OF DEATH

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-2	. J.	V	T	IJ	. 3	8	
Reg.	Dia	t. P	io.			0	

County	Balti	more	***************************************	2. USUAL RESIDEN (For newborn info	CE (HOME) Of the contract of t	Baltimore	
			RURAL and give nearest town)	City or town Stoneligh (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or	street address where	death occurre	d: h Rd.				
How long in hospitat or	Institution?		•••••••••••••••••••••	2.(a) If veteran, name was	······	***************************************	
3. (a) FULL NAME	A	llen V	N. Beam Jr.			3. (b) Social Security 1	lumber
4. Sex	5. Color or race	6.(a) Sing	le, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	
Male	White		Married	20. DATE OF DEATH	December	1945.	a(M
6.(b) Name of hosband			inger Beam	21. I CERTIFY that death of	Off 19	ve slated; that i strended decea	sed from
7. Birth date of deceased (mo., day, yr			February 10, 1893	and that i last saw h	alive oo 5		
8. AGE: Years 52	Mooths 10	Days 9	If tess than one dayhrsmln.	Immediate cause of deat	-al /Y	rumbiago,	24 lus.
9. Birthplace	Baltimo:	county, and	#state)	Due to			
1D. Usual occupation	T 4.3		Finance Co	Duo 1o	***************************************		***************************************
12. Name	Allen V		m Sr. ster Md.	Dither conditions	***************************************		
		Godfr	ester Md.		ORL	nonths of death)	
16. Informani			Beam eigh Rd.	Aotopsy results	***************************************		
Address 17. Buria (Burial, cremation,	or removal. Which?)	Date the	eof 12/22/45 (month) (day) (year) Ridge Cemt		clde	Date of	
Cemelery or cremator			ville Md.			(County)	
18. Funeral director	W. I		ner & Sons	Means of Injury		Injured at work?	
Address			Aves of 19	23. SIGNATURE	EB.	Eusor M. D.	
(Dato rec'd by reg	2 1945 istray	19/2	Registrar	71 -11	York RL	Date signed	
		/		Y	-	30to12-2	ua

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BUREAU V.

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH	I
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Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infants give residence of mother) Marvland City or town Baltimore (If outside city or town limita, write RURAL and give nearest town 5407 Morello Road

(If rural, give LOCATION) 2.(a) If veteran, name war.....

3. (a) FULL NAME

11. Industry or business

information care

item of i

K. Supply ever please write

BINDING

1. PLACE OF DEATH: County Baltimore

Mount Wilson

Charles Clayton Benson

6.(a)Single, married, widowed, or divorced

MEDICAL CERTIFICATION

3. (b) Social Security Number

219-05-4244

Male White Married 6.(b) Name of husband or wife....Audrey L. Benson... 6.(c) If alive, give age 28 years

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 2 mos., 27 days

Hospital, Institution, or street address where death occurred: Mt. Wilson

Branch, Md. Tuberculosis Sanatorium

How long in hospital or institution? 2 yrs 2 mos 27 days

October 15, 1913 deceased (mo., day, yr.) If less than one day 8. AGE: Years Months 32hrs.min.

9. Birthplace Brandonville, West Virginia (Town, county, and state)

10. Usual occupation Pay-master

12 Nama Charles A. Benson E 12. Name Charles A. Bense 13. Birthplace West Virginia

14 Maiden name Flizabeth Pope 5. Birthplace Pennsylvania

16 Informant Charles C. Benson 5407 Morello Rd., Balto., Md.

17 Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 27, 1945 (month) (day) (year)

Cemetery or crematory Parkwood Cemetery 3310 Taylor Ave., Balto., md.

18. Funeral director Eugene A. Ruck Address 5309 Harford Rd., Balto., and.

20. DATE OF DEATH December 24. 19. 45. al. 8: 30P. m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 27. , 43 , Dec. 24. , 45 and that I last saw h.i.m... alive on December 24. 19.45.

Pulmonary Tuberculosis DURATION Tubercle Bacilli

(Include pregnancy within 8 months of death)

Major findings of operations. No operation

Autopsy results. No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?)

Means of Injury Injured at work?

Mount Wilson. IVI Q .

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2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

11918 33 Reg. Dist. No. 33

1. PLACE OF DEATH	: more			2. USUAL RESIDENCE (HOME (For newborn infants give residence	C) OF DECEASED:			
City or town Mc Don	ogh, Ma	ryla	nd URAL and give nearest town)	State Md. County Baltimore				
Hospital, Institution, or stree	t address where d h Schoo	eath occurred	or ex 800 800 000 000 100 100 000 000 000 000	(If outside city or town limits, write RURAL and give nearest town) Street No				
Now long in hospital or institution?				F. C. S.	3. (b) Social Security			
4. Sex 5. (Cotor or race	6.(a)Singt	e, married, widowed, or divorced		CERTIFICATION	,at 9:45am		
B.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased/som				
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years	Septe Months 3	mber Days	2,1945 If less than one day	Immediate cause of death	luenza	DURATION		
1D. Usual occupation	4	***		Due to				
13. Birthplace Blu	efield adine an Anto	D. Qu	intal	(Include pregnancy with	in 3 months of death)			
16. Informant John Address McDo	C. Ber	ntz chool	, McDonogh, Md.	Autopsy results PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern	to which death should be charged	statistically.		
			eof Dec. 13, 1945. (month) (day) (year)	Accident, suicide, or homicide	Date of			
Location Pikes	ville,	Balt	o. Co., Md. Sessly Bradjey	Injured at home, farm, Industry, public place	ce (where?)			
Address 1922 V		h Ave		23. SIGNATURE Karl 1 Address 3311 ST Par	W. Fleling M/D.	or other 12-11-45		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

IARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

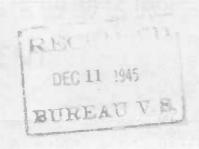
			CERTIFICAT	Reg. Diat. No.		
1. PLACE OF DE	Ball	.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn thanta give residence of mother)		
City or town	ood St.	Tr. So	UKAL and give nearest town) 28/45 hool	State County County City or town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAM	E 74/ (28	era e	A	3. (b) Social Security Number		
4. Sex 3. S. Color or race (CA) Single, married, widowed, or divorced S.				MEDICAL CERTIFICATION 2D. DATE OF DEATH. Dec 5 1945 at 7.9.		
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.445, to 2.55 to	<u>ح</u>	
8. AGE: Years 36		Days 10	If less than one dayhrsmin.	Immediate cause of death DURATION	b	
9. Birthplace Austria 10. Usual occupation Stenographer or secretary 11. Industry or business Hospital Attendant 12. Name George Berger 13. Birthplace Sharndorf, Austria				Due to		
14. Maiden name. 15. Birthplace	Mana	Emich ia d sta		(Include pregnancy within 3 months of death) Major findings of operations		
Address 17	J.F. Elis	Date ther	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	ξ	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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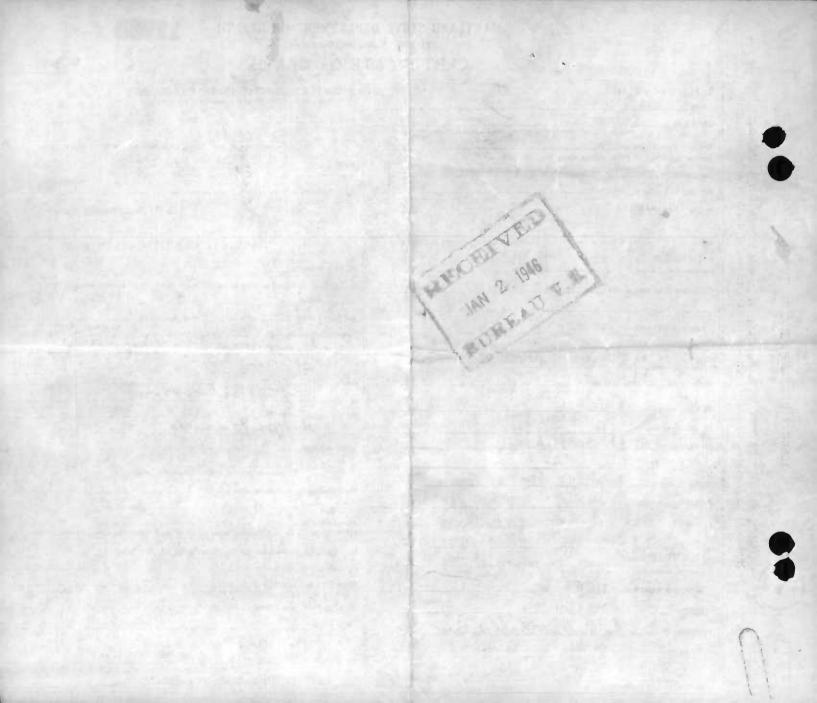
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County Baltimore City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Mrs. Coale's Hursing Home How long in hospitat or institution?	City or towe Catonsville City or towe Lane (If rural, give LOCATION) 2.(a) If reteran, name war.		
3.(a) FULL NAME Leonora Land Biggs	3. (b) Social Security Number		
female 5. Color or race 6.(a) Single, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 29 19. 45 et 8. 4		
6.(b) Name of husband or wife Francis F. Biggs 5.(c) It alive, give age years deceased (mo., day, yr.) January 8, 1860 8. AGE: Years Mooths Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19.3 f. to 2. 9. 19.19. and that I last saw h. 17. alive on 2. 19.19.		
85 11 11hrsmin.	Immediate Guse of death Brusho - Breuner Torsery Due to.		
10. Usual occupation housewife 11. Industry or business	Due to. Again Lannin		
12. Name Robert Hact Land 13. Birthplace Va.	Other conditions		
14. Maiden name Antoinette Walker Va. 15. Birthplace Va. 16. Informant Mrs. Antoinette Biggs Davis	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
Address 304 Somerset Road, Baltimore, Md. Burial 12/31/45 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery of translators. Druid Ridge			
Pikesville, Md. 18. Funeral director John O. Mitchell & Jans, Inc. Address 1900 Eutaw Place, Balto 17 - Md.	Where did Injury occur?		
19. 12/31 18.45 Harry W. hiller (Date red d by registrar) Registrar	23. SIGNATURE M. D. or other Address 20 E. Preston St., Balto. Date signed		



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BALTIMORE	CITY	HEA	LTH I	DEPA	RTMENT
CEDTIE	TIC A	TE	OF	DE	ATLI TO

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore Maryland	(a) State les (b) County Baltinin
(b) Street address 417 Mifle Jane - Jurus Shorm	
(c) Hospital or institution: Brushelk Bolto. Co. M.	(c) City or town Jury Shafron Durtock (If outside city or town limits, write RURAL and give town)
Balto. Co. Md.	(d) Street No. 4.7 Maffee Lave
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
	(e) Citizen of foreign country?(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME Elma mae Blacksto	and the second s
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH / 2 - 26 - 1965, at 9 P M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	17 30 , at 7
Female Mars divorced Married	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife	Autopsy, Inspection of Inquiry
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) May 18, 1920	to death on the day stated above, and death in my
8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
2.5 hr. min.	homicide E, undetermined and that the causes of death were:
Mariland	
9. Birthplace (Town, county, and spate)	IMMEDIATE CAUSE OF DEATH
10. Usual Occupation House Wife	Bullet mount of brain
11. Industry or business	•••••••••••••••••••••••••••••••••••••••
12. Name / Eler - Engis,	Due to

13. Birthplace	Other Conditions
H 14. Maiden Name Imagina	Other Conditions
15. Birthplace Day	(Include pregnancy within 3 months of death)
16 (a) Informant TELL TEXAL	22. If an external cause was primary 4 or contributing acuse of
(b) Address Lowson md	death, fill in the following:
61)	
17 (a) Date thereof 12 31-45	
(Burial, cremation, or removal) (month) (day) (year)	(b) Where did injury occur? above results as
(c) Cemetery or crematory MT Quille (Control of Control	(c) Did injury occur at home, on farm, industrial place, in public
Location A. Co	place? Home While at work? les
18 (a) Funeral director Cayner and and	(d) Means of injury Firearm - automatic for tol.
(b) Address 14 2 6 14 Stry St.	23. Signature House J. Muller M.D.
19 (a) (Date rec'd by 3 recitary) (Date rec'd by 3 recitary)	Date signed / 2-2 7-4J- Medical Examiner.
Fred Wall	

JAN 8 1946 BUREAU V B

BURNES OF STREET

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4			20
Reg.	Dist.	No.	

.... Date signed ...

OEKTII ICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother) State
NORA JONES BRUFF	3. (b) Social Security Number
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced Female White Widow Reserved	MEDICAL CERTIFICATION 20. DATE OF DEATH December 28, 1945, 81
6.(b) Name of husband or write. The Mass C. Bruff 7. Birth date of deceased (mo., day, yr.) October 27, 1853	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 19. 4.5., to
8. AGE: Years Months Days If less than one day 3	Due 10. Renelities
1D. Usual occupation	Due to
12. Rame DCN JAMAN I. James 13. Birthplace Mary Jano 14. Malden name JAME Waynewright	Other conditions
15. 8'rthplace Maryland	Major findings of operations
Address 22 W. Peuna. Ave. Tourson. Md.	Autopsy results. PHYSICIAN: Flease underfue the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. PANA Date thereof Charles (month) (day) (year) Cemetery or crematory Phase Cot Mill Cemetery	Accident, suicide, or homicide
Location Tousmin Mary Jan 3 18. Funeral director John Busha Says	Injured at home, farm, Industry, public place (where?)
Address Towns July 19130 1915 White broth pury will	23. SICHATURE Decel of Pl. Thrasecules M. D. or offer

MARGIN RESERVED FOR BINDING

VS AIS

(Date ree'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BURLAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

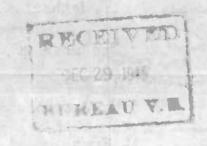
2411 N. Charles St., Baltimore 107

	other .	10	AN	7
			V	0
Reg. 1	Diat.	No	19	1

11000

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:	0	
County Dallesson	(For newborn infants give residence of mother)	no	
(If outside city or town limits, write RURAL and give nearest town)	12	**************************************	
How long in above place of death?	City or fown (1f outside city or town limits, write RURAL and give near	est town)	
Hospital, institution, or street address where death occurred:	Streef No.		
***************************************	(If rural, give LOCATION)		
How long to hospifal or institution?	2.(a) If veteran, name war.	V	
3. (a) FULL NAME	3. (b) Social Security N	lumber	
Kumbo Hicks Dying			
4. Sex 5. Color or race 6.(a) Single, married, distowed, or divorced	MEDICAL CERTIFICATION		
male white surdawd	20. DATE OF DEATH ACC. 21 19 45	at // // M	
6.6) Name of Muse Mile Lillis 12 Luce Burgo	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Dec 1 19 45 , 10 Dec 2	1 19. 4	
7. Birth date of Section 150 (Control of the Control of the Contro	and that I last saw h. Com. alive on	19.44	
deceased (mo., day, yr.) Mov. 13 1862	Immediate cause of death	DURATION	
	Lotas Onemaio	3 days	
83 / 6min.		***************************************	
9. Birthplace Saudaen County and state)	Due 10	*****************	
P. L. of			
10, 03021 occupation	Due to	***************************************	
11. thdustry or business			
12. Name albert de dyna 13. Birthplace Sanday 60. Va.	Other conditions They tension Theat Minne	?	
	(Include pregnancy within 3 months of death)		
14. Maiden name Greeling 7. Becks 15. Birthplace Landown 60. 29.	Major findings of operations.		
\$ 15. Birthplace Landown too. 209.	Date of op.	0.0000g.0	
18. Intermant Perulate D. Dignerlake	Autopsy results		
Address 6/4 Plum out & 196	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.	
De Birish & Gra 11 12 13 45	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, eremation, or removal, Whiteh?) Dafe thereof (month) (day) (year)	Accident, suicide, or homicide Date of		
Cemetery or crematory winchesty va:	Where did injury occur?	(State)	
Location	Injured af home, farm, Industry, public place (where?)		
0 200	Means of Injury tnjured al work?		
18. Funeral director Allaham Salaham	6011		
Address Serytella va	23. SIGNATURE Aca Control Cont.		
19. Dec. 21 1945 John B. Longham	Elli croters and M. D. or	12/2/4,-	



BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICAT	E OF DEATH
1. PLACE OF PLATH: (a) Baltimore City, Maryland Edgemene	2. USUAL RESIDENCE OF DECEASED:
11170011111	(a) State County Balls 149
(b) Street address	(c) City or town decree
(c) Hospital of Institution.	(If outside cityer town limits, write RURAL and give town)
	(d) Street No. 142 Oatt Ut
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country? (Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME	WHITE IS A COLOR OF THE COLOR OF THE COLOR
3 (b) If veterary name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No	20. DATE OF DEATH Dec 28 1945, at 8 P M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date also stated; that lattend-
male Cal divorced.	ed deceased from becomby 2. Store Dec 78.4
6 (b) Name of husband or wife	and that I last saw handlive on Dee 28-1945
6 (c) If alive, give age years	Immediate cause of death.
7. Birth date of deceased (mo., day, yr.)	Estar munoma Toda
8. AGE: Years Months Days If less than one day	
hrnin.	Due to
9. Birthplace Balls My	
(Town county, and state)	Due to
10. Usual Occupation	Other Conditions
11. Industry or business	Other Conditions PHYSICIAN
12. Name homes grue	(Include pregnancy within 3 months of death)
13. Birthplace My	Date of operation. Major findings of operation: Underline the cause to which
H 14. Maiden Name Imaga Carlin	death should be
15. Birthplace	of autopsy: charged statis
	22. If death was due to external causes, fill in the following:
(b) Address 505 W Hulfman	(a) Accident, suicide, or homicide
	(b) Date of occurrence
(Burial, cremation, or removal) (plonty) (day) (planty)	(City or town) (County) (State)
(c) Cemetery or crematory how William Us	Did injury occur about home, on farm, industrial place, in publi
Location houth bout Balt &	place? While at work?
18 (a) Funeral director Polity Willes	(Specify type of place)
(b) Address 15/5 Mc 20 day A	(e) Means of injury
1/2 Ill All Rolls	23. Signature
(Date rec'd by registrar)	Address Will Tan Dit signed of

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one discase entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

eause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

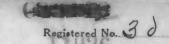
DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be seeured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 850



2. USUAL RESIDENCE OF DECEASED:

(a) State MA County Bullings

(c) City or town June House (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)
(e) Citizen of foreign country?.......(Yes or No.)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I certify that death occurred on the date above stated; that I attended deceased from 19%, to 19%, and that I last saw has alive on 19%, Duration

Due to Hybertenken

(Include pregnancy within 3 months of death)

Date of operation.

Major findings of operation:

of autopsy:

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public

(e) Means of injury

Address 2/ 76 Per

M. D.
Date signed

FEASE WRITE PLAINLY, WITH

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

ALLES EL MENTANDAMENTAN CHAMPAN



2411 N. Charles St., Baltimore 930

					Nog. Diet. No	
1. PLACE OF DI	eath, alth			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
· · · · · · · · · · · · · · · · · · ·		***************************************	***************************************	RAITA		
City or town(If	outside city or town i	imits, write	RURAL and give nearest town)	0 1 122		
			***************************************	City or town. Catonsville (If outside city or town limits)	, write RURAL and give nearest town)	
	or street address where			Street No. Edmondson	Ave. & Nunnery Lane	
Ор	itzNursin	gHome		(If rurai, give	LOCATION)	
			***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	1E	MARY	JANE CHATTERTON		3. (b) Social Security Number	
4. Ser	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	White		Widow	20. DATE OF DEATH Dec. 23	45 4:00 a	
			Chatterton	21. I CERTIFY that death occurred on the date about the control of the date about the control of	re stated; that I attended deceased from 4 Secenter 239 45	
7. Birth date of			(c) If alive, give ageyears	and that I last saw h. A. alive on	cr 22 1945	
deceased (mo., day,		1 14,		Immediate cause of death	ial suscefficiency DURATION	
8. AGE: Year		Days	If less than one day	0		
80	8	9	hrs,mln.	1	μρ	
			atate)	Due to hith Capatraph & a	mysture E	
11. Industry or busine			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to	irisaleusis 345	
				Other conditions with hyper	turion:	
12. Name.J.O.h.	Balto.,					
				(Include pregnancy within 8 m	ionths of death)	
14. Malden name		DUX	***************************************	Major findings of operations		
	Md.				Date of op	
16. Informant M	rs. France	s Hosm	er	Autopsy results		
Address G	un Rd., Re	lav 27	. Md.	PHYSICIAN: Please underline the cause to wh		
				22. VIOLENCE: If death was due to external caus	ses, fill in the following;	
	rial n, or removal. Which?		reof 12/26/45 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremat	lory Lorrai	ne Cem	8	Where did injury occur?(City or town)	(County) (State)	
Location	Woodlaw	n, Md.		The same of the sa	ere?)	
		CKNER	& SONS	Means of Injury	Injured st work?	
Address	Balto., M			1,2	wichel - Ma	
-/	egistrar)		Whelreh	23. SIGNATURE W. L. Address 901 Lawringer	M. D. or other Date signed 2 4194	

VS A15

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

43

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

119%

			CERTIFICAT	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) State. Maryland County Baltone 27. Md. (If outside city or town limits, write RURAL and give nearest town) Street No. 2619 Tulip Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.		
City or fown	timore ings Mil utside city or town li of death? 23 street address where od State	yrs. death occurre Trail	ning School			
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	white	3 30	single		2.05 0	
8.(6) Name of husband	or wite		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from	
deceased (mo., day, y) August	11,	1917	Immediate cause of death		
8. AGE: Years 28	Months	Days	if less than one dayhrsmin.	Bronchopneumonia		
9. Birthplace Baltimore, Md. (Town. county, and state) 10. Usual occupation Inmate, Rosewood State 11. Industry or business Trainign School, Owings Mil				Due to	16 days	
12. Name P:	aul Chor			Other conditions Epileptic Quadriplegic Idiot (Include pregnancy within 8 months of death)	congeni	
14. Maiden name	Mary S Hunga		ek	Major findings of operations		
Address Sta Mil (Burial Cemation, Gemetery or cremator Location	te Train Is, Mary or renoval, Which Noly Cune	ing S Land Date there Cra Are	ords: Rosewood chool, Owings eof Caponth (day) (year) wall for Ma	Autopsy results	statistically. (State)	
Address 19	46// 6 (istrar)	ark	Skeighte Aus	George C. Medairy, M.D. Oate signed		

11930

2411 N. Charles St., Baltimore 13-8

The correct age

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

	EKITICAL	E OF DEATH	Reg. Diat. No	M
I. PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HOME) OF I	DECEASED:	
		Stale Maryland County	Baltimore	
City or town. Mount Wilson (If outside city or town limits, write RURAL and place of death? O. yrs., O. mos., How long in above place of death? O. yrs., O. mos., Bespilal, institution, or street address where death occurred: Mt.W. Branch, Md. Tuberculosis Same	23 days ilson natorium	City or town	write RURAL and give near	rest town)
How long in hospital or institution? O yrs., O mos.	g.K.JUG.Y.D	2.(a) If veteran, name war.		
3.(a) FULL NAME Harry Vernon Chr	isty		3. (b) Social Security 1 # Unknown	
4. Sex 5. Color or race 6.(a) Single, married, wie	dowed, or divorced	MEDICAL CER	RTIFICATION	
Male White Widow	ed	20. DATE DE DEATH. December 19		
6.(b) Name of husband or wife. Hattie M. Chri 6.(c) If all re, give 7. Birth date of	e ageyears	21. I CERTIFY that death occurred on the date above November 26., 1945 and that I last saw h. im. alive on Dece	. Dec. 19	.,1845.
deceased (mo., day, yr.) OC CODEL 10, 100)		Immediate cause of death		DURATION
8. AGE: Years Months Days If less th	hrs min.	Pulmonary Tubercu	ılosis	
9. Birthplace. Baltimore Co., Mary (Town, county, and state) 10. Usual occupation. Laborer 11. Industry or business		Due to		
E 12, Name Henry Christy		Other conditions None		
E 13. Birthplace Pennsylvania				
14. Malden name Alice Greaser 15. Birthplace Balto. Co., Md.		(Include pregnancy within 3 months of death) Major fiadings of operations		
16. Informant Harry Vernon Christy		Antopsy results. No autopsy	7	
		PHYSICIAN: Please underline the cause to which	h death should be charged	statistically.
Address Warren Rd., Cockeysvil 17. Burial (Burial, cremation, or removal, Which) Cemetery or crematory Prospect Hill Cem	0.22,1945 onth) (day) (year)	22. VIOLENCE: If death was due to external cause: Accident, suicide, or homicide	Date of	
Location Towson, Maryland		Injured at home, farm, Industry, public place (wher	faiured at work?	*********************
18. Funeral director. John Burns! Sons		Meens of Injury		
Address 612 York Rd., Towson	Md.	23. SIGNATURE Stewart &	Maffer	m'h
19. Dec. 19. 1945 Earl	Waloles Registrar	37 1 747 5 7		

DEC 26.1945

THAT TO STATISTAND

JAN 8 1946
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County..... Now long in above place of death?..... town limits, write BURAL and give nearest town) Hospital, institution, or street address where death occurred: clearly (If rurai, give LOCATION) item of information How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number ruseu 5. Color of race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: 'that I attended deceased from 6.(b) Name at trosband or wife to S.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Supply Immediate cause of death..... If less than one day 8. AGE: Years Physicians: pl Mu au UNFADING INK. 9. Birthplace. (Town, county, and state 10. Usual occupation..... 11. Industry or business 12. Name...... 13. Birthplace WITH UNF important. (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthptace especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was dup to external causes, fill-in the following: Accident, suicide, or homicide. (menth) (day) (year) (Burial, cremation, or remove) Where did injury occur? WRITE (County) injured at home, farm, industry, public place (where?) ... Location Means of injury Occidental fall SE 18. Funeral director 23. SIGNATURE

Dr W. Carnul 88 Balls ave



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore		State Maryland Count	
City or fown			
How long in above place of death?	hs	City or town. Woodlawn (tf outside city or town limits,	
Hospilal, Institution, or street address where death oc 6924 Dogwood Road		streef No. 6924 Dogwood Ro	
How long in hospital or institution?		(tf rural, give L	
3. (a) FULL NAME		2.(5) is following manifest was	3. (b) Social Security Number
	ane Elizabeth Clemor	ns	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)	Single, married, widowed, or divorced	MEDICAL CEI	RTIFICATION
Female White	Widowed	20. DATE OF DEATH December	7 19 45 at 2.45P a
6.(b) Name of husband or wife Henry Th		21. I CERTIFY that death occurred on the date above	
7. Birth dale of	6.(c) If elive, give ageyears	and that I last saw h ET alive on A.	7, 19.77,5
Bookson (mont any) / 10		Immediate cause of death	QUBATION
o. Adl.		Chr. Valr. Heart	Wescare 1
76 1 2			
9. 6 Firthplace Parkersburg, W. (Town, county,	Na.	Due fo	
10. Usual occupation			
11. Industry or business	•••••	Due 10	***************************************
		Other conditions	
Z 13. Birthplace West Virgin	<u>Ia</u>	(tnclude pregnancy within 3 mg	ontha of death)
14. Malden name Miss Mane		Major findings of operations	
≥ 15. Birthplace West Virg	inia		Date of op.
14. Malden name Miss Mane 15. Birthplace West Virg 16. Informant Mr. Hannibal Cle	mons	Autopsy results	
Address 6924 Dogwood Roa	d, Woodlawn	PHYSICIAN: Please underline the cause to which	
17 Burial Nate	thereof Dec. 10, 1945	22. VIOLENCE: If death was due to external cause	
(Burial, cremation, or removal, Wbich?)	(month) (day) (year)	Accident, eulcide, or homicide	
Cemetery or crematory		Where did injury occur?(City or town)	(County) (State)
Location Francisord, W.	Va	Injured at home, farm, industry, public place (where?)	
18. Funeral director & Malla	amoreau	Means of Injury	Injured of work?
Address 4510 Liberty Heig		D 9 2 9 9	actus
17/7/ 11-6	2 9 m +	23. SIGNATURE	M. D. or other
(Date ree'd by registrar)	Registrar	Address Harrisonville, Md.	Date signed 2/1/45



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5,00

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-4	797	10
	0	3

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Baltimore Baltimore
How long In above place of death?	
Vets-Adm Hosp Fort Howard Md	Street No. 2902 Violet Ave., ((frural, give LOCATION)
How long in hospital or institution? 5 days	2.(a) If veteran, name war. WW I
3. (a) FULL NAME	
	3. (b) Social Security Number 216-03-8601
MAX COHEN 4. Sex 5. Color or race 6.(a)Single, married, wid	NUNS.
	MEDICAL CERTIFICATION
Male white Marri	.ed 20. DATE OF DEATH December 16th, 1945 19
6.(b) Name of Author or wife	and that I last saw h im alive on December 16 19 45.
	Immediate canse of death DURATION Metestate carcinoma(hypernephroma): Undet
50 1 21	
9. Birthplace Baltimore, Md. (Town, county, and state) Liquor Salesman 10. Usuat occupation	Due to.
11. Industry or business	
12 Name	Dther conditions
13. Birthplace Russia	(include pregnancy within 3 months of death)
Sarah Solomon 14. Malden name. Russia	
Russia Russia	major nadings of operations.
16. Informant Clinical Records, Vets.Ad	Autopsy results
Address Fort Howard, Md.	ember 17, 1945 VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof (mor	ember 17, 1345 Accident, suicide, or homicide
Hebrew Rosedale Cem	etery Where did lalary occur?
Hemilton Ave	(City of town) (County) (County)
Location	
Sol Levinson & Bros	Means of Injury Injured at work?
Address 1124-1126 W North Ave	23. SIGNATURE A.A. BALTER, Lt. COl., M. C. CLIN. Dir
19. (Date rec'd'by registrar)	Registrar Address. Vets.Adm.Ft.Howard, Md. Date signed 12-16-45

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

1193514 4

				Keg. Dist, No	
1. PLACE OF DEA	TH: Baltimor			2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	Deroimor	••••••••••	•••••••	(For newborn infants give residence of mother)	
City or town	Essex			State Md. County Balto.	
(If ou	itside city or town	limits, write	RURAL and give nearest town)	City or town	
				(tf outside city or town limits, write RURAL and give nearest town)	
Hospital, testitution, or a	street address where	e death occurre	d:	Street No. Middle River Ave. Essex	
		•••••		(If rural, give LOCATION)	
How long in hospital or i	Institution?		***************************************	2.(a) If veleran, name war	
3. (a) FULL NAME				3. (b) Social Security Number	
	We	D /	Conklin	J. (0) Social Security Hamsel	
4. Sex	5. Color or race		le, married, widowed, or divorced	NEDVOTA CEDEVICATION	
				MEDICAL CERTIFICATION	
Male	White		rried	20. DATE OF DEATH 29 Dec 45 19 19 21 2 P. 1	
		hy E.C		21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
B.(b) Name of husband of				New 5 19 45, to Love to 19 45	
***************************************		6.	(c) tf alive, givo ageyears		
7. Birth date of deceased (mo., day, yr.	March	28-186	31	and that I last eaw h alive on	
8. AGE: Years	Months	Days	if less than one day	Immediate cause of death Carda at Jackson DURATION	
0. 1102.					
84	9	1	hrsmln.	P	
9. Birthplace	Balto. M	d.		Due to Arterio selenti beart 2 ner.	
3. Dittilptave	(Town	, county, and	state)	d	
10. Usuat occupation	Street C	leaner			
				Due to	
11. todustry or business ∝			Conklin		
12. Name	37.4 9		OOIEL III	Other conditions	
≾ 13. Birthpiace	Not K				
E		Known		(tnelude pregnancy within 3 months of death)	
14. Maiden name	40:	***************************************		Major findings of operations.	
₹ 15. Birthplace	Not Kno	WIL		Date of op.	
16. Informant	Dorothy E	.Conkl:	in	Autopsy results.	
Mic			Balto. Co. Essex	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address				22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial (Burlal, cremation, c		. Date the	eof Jan.2/46		
(Burlal, cremation, o	or removal, Which	13	(month) (day) (year)	Accident, suicide, or homicide	
Comefery or crematory	Buri	ai Ba	ltimore Cem.	Where did Injury occur?	
Ne	orth Ave.	& Gay	St.	Injured at home, farm, Industry, public place (where?)	
rocstion				Means of injury injured at work?	
1B. Funeral director	John A.	Mille	·	Injured at works	
Address 2334	4 Jeffers	on St.		1/ /he/ '0 2.0	
0		10 1	M/ 00	23. SIGNATURE / Kong of Language Ma	
19 Dec. 3	1945	400	4 W. Usmelly	25 & T A - A Way Ked 126 Cales	
(Data ree'd by regi	strar)		Registrar	Address Dafe signed Dafe signed	

MARGIN RESERVED FOR BINDING

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

11936 Reg. Dist. No. 33

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County					State Maryland county Baltimore		
(If outside city or town limits write RIBAL and give measure town)					City or town Owings Mil	1 c	
How long in al	bove place of	death?	vr 4m	o 28da	City or iown (if outside city or town limits.	write RURAL and give ne	arest town)
Hospital, insti	itution, or str	eet address where	death occurred	:	City or fown Owings Mil (If outside city or town limits, Rosewood St.)	Training	School
				ing School	(If rnral, give)	LOCATION)	************************
How long In h	nospital or Ins	stitution?8	yr 4	mo 28da	2.(a) If veteran, name war		***************************************
3. (a) FUL	L NAME	37.1 - 1	3 D	0-443-	·	3. (b) Social Security	Number
		Nicho	mas B	urns Cottle			-
4. Sex	5	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Ma	ale	White		Single	20. DATE OF DEATH December 1	.2 19 45	5:15A
6.(b) Name of	husband or	wife			21. I CERTIFY that death occurred on the date abov	e stated; that I attended deci	eased from
			6.6	c) If alive, give ageyears	December 11 19.4	5 to Dec. 1	219.45
7. Birth date of	of		30/30	, is acres Brea about the second	and that I last saw h im alive on	December	12 19.45
8. AGE:	mo., day, yr.) Years	Months	Days	If less than one day	Immediate cause of death		DURATION
	15	5	12	min.	Broncho-pneumo	nia	2 da
9. Birthplace		Richlan	nd, N.	C.	Due to		• • • • • • • • • • • • • • • • • • • •
		(Town,	county, and a	itate)	Acute bronchit	is	5 da
10. Usual occ	cupation	Lnma	rte		Due to		
11. Industry o	or business						
12. Name	F	arl Cot	tle		Other conditions		
13. Birth		Richlan			Spastic quadring (Include pregnancy within 8 m		8yr 5mo
Committee of the Commit					(Include pregnancy within 8 m	onths of death)	plis
14. Mald 15. Birth	en hamo	MJ.H.M.H.G	tmer	W. Va.	Major findings of operations		
≥ 15. Birth						Date of op	
16. Informant	*************	Institu	itiona	l records	Antopsy results		
Address	Ros	ewood S	t. Tr	aining School	PHYSICIAN: Please underline the ceuse to whi	ch death should be charged	statistically.
					22. VIOLENCE: If death was due to external caus		
(Burial, cremation, or removal Which?) Bate thereof Dec. 5. 4.5 (month) (day) (year)					Accident, suicide, or homicide	Date of	
Cemetery or crematory Glen Haven					Where did injury occur?(City or town)	(Constv)	(State)
Location Onnyoutes G. D					Injured at home, farm, industry, public place (who		(~
				F - 1, 11.	Means of Injury	Injured at work?	
1B. Funeral d	, .	/		Final Heme	11000	5)
Address	637	Washing	100 G	Blvd.	as CIONATURE A AUG	ulter mik	入
. 1-	2/14	. 9-	- A	11. He Areck	23. SIGNATURE	7 2 D.	or other
19. (Date regd by fegistrar) 19 Registrar					Owings Mills, N	!Q . Date signed.	12/12/45

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6)

CERTIFICATE OF DEATH

Reg. Diat. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland county Battimores		
City or town. To WSON (WILTONDALE) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? # /RS.	City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Street No. 5.0.6 Yamouth Rad		
506 YARMOUTH ROAD	(If rurai, give LOCATION)		
How long in hospital or institution?	2.(a) It veleran, name war		
3. (a) FULL NAME	3.(b) Social Security Number		
SUSANNAH GERTRUDE			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F. W. MARRIED	20. DATE OF DEATH. December 29 19.45 at 125 P.M.		
8.(b) Name of husband or wite W.A. NORRIS COX, SR.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
s (a) If alive also are 54 years	May 3 1945 to Dec 29 1945		
7. Birth date of deceased (mo., day, yr.) APRIL 1, 1887	and that I last saw heat alive on souls 28 1945		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Attleast		
58 8 28nrsmin.	Carcinomas (Generalized) up		
9. Birthplace ROANOKE VIRCINIA (Town, county, and state)	Dring in ateres!		
(Town, county, and state)	A		
10. Usual occupation Housewife	Due to		
11. Industry or business			
12. Name HENRY CLAY SMITH 13. Birthplace KENT Co., Md.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name MARTHA STEVENS	Major findings of operations		
15. Birthplace BAG DAD, PENNA.	Date of op.		
16, Interment WAL N. COX, SR.	Antopsy results		
Address 506 YARMOUTH RD.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
17. Burial, cremation, or removal. Which?) Date thereof. D. Ec. 31, 1945 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemelery or crematory GOVANS PRESBY TERIAN	Where did injury occur?		
Location YORK Rd. BALTO, M.D.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Walter Burchaffealley	Means of Injury Injured at work?		
Address 1922 W. NORTH AVE. (17)	22 SIGNATURE ONE GOLD		
12/31 45 0 W. Boom	M. D. or other		
19. (Date rec'd by registrar) Registrar	Address 6014 york Road Date signed 12-29-45		

JAN 3 1946 DURLAU V.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107)

11938

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CERTIFICATE OF DEATH

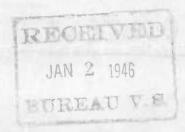
1. PLACE OF DEATH: Baltimore,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Baltimore		
	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town	********	
How long in above place of death? 11 days. Hospital, Institution, or street address where death occurred:			
Vets.Adm.Hosp. Fort Howard, Md.	Street No. 2731 Parkwood Ave.		
How long In hospital or Institution? 11 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
JAMES P. CRAGG (James Phi	lip Cragg) None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH. December 16, 19.45 al 5.	.45Am	
6.(b) Name of Mystan or wife Lena M. Cragg	21. I CERTIFY that death occurred on the date above staled; that I attended deceased from		
	December 5 1945 to December 16		
7. Birth date of	and that I last saw h im alive on December 16	1945	
deceased (mo., day, yr.) S AGE: Years Months Days If less than one day		RATION	
8. AGE: Years Months Days If less than one day	Pneumonia, lobular, bilaterial 3	days.	
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to		
10. Usual occupation Expeditor	Due to		
11. Industry or business Glemanh. Martin Co.	Arterial: hypertension Ur	iknown	
12. Name Maknowa John I. Cragg 13. Birthplace Baltimore, Md.	Other conditions Atelectasis, left lung 14	days.	
	Alcoholism, chronic Unl	cnown.	
14. Malden name NNKXXXXX Emma C. Weissner 15. Birthplace Baltimore, Md.			
Baltimore, Md.	Majar findings of operations		
	Dale of op.		
16. Informant Clinical Records, Vets Adm.	Autopsy results		
Address Fort Howard, Md.	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
Burial Burial Date thereof 12/19/45 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematoryBaltimoreNational	Where did injury occur? (City or town) (County) (State)		
Location Baltimore, Md.	Injured et home, tarm, Industry, public place (where?)		
18. Funeral director Wm. J. Tickner & Sons, Inc.	Means of injury Injured at work?		
Address North & Pa. Aves. Baltimore, Md.	mo, M.D. Cerpu for D.4.13		
la la la Mala	23. SIGNATURE A.M. BALTER, Lt.Col. M.C. Cli	n.Dir	
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)			

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7320

CERTIFICATE OF DEATH

1. PLACE OF DEATH BALLIMAGE		2. USUAL RESIDENCE (HOME) 0	F DECEASED: mother)
The state of the s		State	nty
City or lown		0 11'	
How long In above place of dealh?2.7.6.3.	May 51 0013	City or town(1f outside city or town limits	write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	CLL Have	Street No. 10	eacl St.
Spine Gran 3		(If rural, give	
How long In hospital or Institution? 2 9.		2.(a) it veteran, name war	······································
3. (a) FULL NAME			3. (b) Social Security Number
Annie Crov	nwell		
4. Sex 5. Color or race 6.(a) Single, ma	rried, widowed, or divorced	MEDICAL CE	ERTIFICATION
F W Win	Dored	20, DATE OF DEATH De C-	30 1145 11 9:15PM
John C.	11	21. I CERTIFY that death occurred on the date abo	
6.(b) Name of husband or wite.			43 , Dec. 30 1,45
7. Birth date of	live, give ageyears	and that t last saw h. C. C. alive on	
deceased (mo., day, yr.) Sept. 15,	1864 (?)	Immediate cause ut death.	
o. Ada.	t less than one day	Chronis	
76 SS(?) 3 1516	hrs,mln.		
1			Achcias Lake
9. Sirihplace)	Due to	Action lake
10. Usual occupation. House wife			
11. Industry or business		Due to	
	Spence	Other conditions	
12. Name			
	LL	(Include pregnancy within 3 r	nonths of death)
		Major findings of operations	
E 15. Birthplace		***************************************	Date of op
18. informant	cords	Autopsy results	
Address Spring Gran Sh	In Hospital.	PHYSICIAN: Please anderline the cause tu wi	
B A	Danie 7 2/1/	22. VIOLENCE: tf death was due to external cau	ses, till in the following;
(Burial, cremation, or removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory Landen Phi-	Em	Where did injury occur?(City or town)	(County) (State)
Location Baltimore M	20/	Injured at home, farm, industry, public place (wi	
EN. P		Means of Injury	Injured at work?
18. Funeral director.	12		
Address 1003 W. Cuttime	res -st	20 CIONATURE STEWAR I	with M.D.
10 12/31 1045 Har	24 M. David Co.	23. SIGNATURE	M. D. or other
19.	Paristra	Spring Gross	the Hospita signed 12-31-45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

1194041

1. PLACE OF DEATH: Ballo	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
¥ 1 - 01	state Ma County Balto		
City or town	A 1/2		
How long in above place of death?	City ur tuwn		
Hospital, Institution, or street address where death occurred:	Street No. 9 Lewelly Cash way		
New tracts to broaded as leadingland	(If rural, gwo LOCATION) 2.(a) 1 veteran, name war		
Now long in hospital or institution? 3. (a) FULL NAME			
s. (a) Folk NAME Millon E, (Tunney 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male that Married	20. DATE OF DEATH Sec 23. 1947, at 6 P. M.		
8.(b) Name of husband or wife Mary & Cresmoney	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
//	JUNA 19.44 to DEC. 19.45.		
7. Birth date of deceased (mo. day, yr.) Que 21/ (888	and that I last saw h alive on		
acreases (mori antities)	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	1. Mpuflusing C-V- Kniss dys		
hrs. min.			
9. Birthplace Town, county and graph	Due to leulis dudus		
10. Usuai occupation M. Sellett R. Greman	Dua-ta.		
11. Industry or business Sparrows Coint	2 34		
= 12 Name Edst Crumney	Other conditions Munas Proucho 4 Hays		
12. Name Edit Crummey 13. Sirthplace Pa	("neummi		
E Carta da	(Include pregnancy within 8 months of death)		
[8]	Major findings of operations.		
15. Birthplace	Date of op.		
16. teformant Mis Many Charles	Antopsy results		
Address 19 Lefosty Carkerous	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Buriat, cremation, or removal, Which?) Bata thereof @ (Company) (day) (year)	Accident, suicide, or homicide		
(Buriat, cremation, or removal, Which;) (month) (day) (year)			
Cemetery or crematory.	Where did Injury occur?		
Location Bally (s) Md	Injured at homa, farm, Industry, public place (where?)		
18. Funeral director lelle Funed Home	Means of Injury Injured at work?		
Address 2008 On local	1/1/9 Davroms		
Trans.	23. SIGNATURE. M. D. or other		
19. (Data red d by registral) Registrar	Address Dutanc. VV Md Bate signed 14 7		

BETTER TO STRANGE THE LOS

BUKKAU V.B.

11941

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7	· Y

			2411 N. Char	les St., Baltimore	11341	
-			CERTIFICA	TE OF DEATH	Reg. Dist. No	44
1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	F DECEASED:	
Cliy or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 89 days				State Maryland County Baltimore (If outside city or town limits, write RURAL and give nearest town)		
ets.Adm.I	or street address where losp. Fort or institution?	Howard,	Maryland	Street No. 536 No. Carey Sto RaltooMdo (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NA					3. (b) Social Security	Number
ROBERT S	SAMUEL DAIL	EY			105-14-155	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Nale	Negro	Mari	ied	20. DATE OF DEATH December 20	19.45.	,at 8:16P
A Al Name of bushs	nd or wife. Anna	Dailey		21 I CERTIEY that death occurred on the date abo	ve stated: that I attended dece	eased from
			47 yrs	September 22	15 December	2019.45.
7. Birth date of	Tohmin	ry 25,	c) If allve, give ageyear	and that I last saw h im alive on Dece	ember 20,	
deceased (mo., da	y, yr.) FOOTUA ars Months	Days	I If less than one day	Immediate cause of death		DURATION
o. Mon.	18 9	25	hrsmin	Tuberculosis, chr., puln advanced, active	nonary , Lar	12000
10. Usual occupation 11. Industry or busing the second se	ness cnown South Carol	ina		Other conditions Hernia inguing incomplete (Include pregnancy within 3 a		D
14. Maiden na	Unknown South Caro	lina		Major fiadings of operations.	Date of op	
16. Informant Clinical Records, Vets Adma Hosp. Address Fort Howard, Maryland 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Clinical Records, Vets Adma Hosp. (month) (day) (year)			reot Disk 27 45 (month) (day) (year)	Antopsy results	uses, fill in the tollowing;	(State)
18. Funeral director Address 19	2 ma	diso	Man. 200 Medrich Registra	23. SIGNATURE Y RICHARDS, Veterans Administ Address Fort Howard, I d.	AJOR, N.C.AC' ration M.D	

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEAL 2411 N. Charles St., Baltimore 994 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefull of death clearly and (if outside city or town limita, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: How long in hospital or institution?...3 3. (a) FULL NAME 3. (b) Social Security Number AWSON 5. Color or race MEDICAL CERTIFICATION item of in FOR BINDING Supply every in 7. Birth date of deceased (mo., day, yr.) DURATION It less than one day 8. AGE: ARGIN RESERVED pl 9. Birthplace. (Town, county, and state) 1D. Usual occupation.... 11. Industry or business important. (Include pregnancy within 8 months of death) Major findings of operations. PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Where did injury occur? WRITE (City or town) (County) Injured at home, tarm, Industry, public place (where?) Injured at work? Means of Injury EASE 23. SIGNATURE M. D. or other Registrar

A15 SA

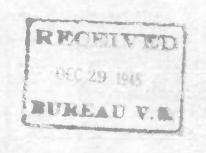
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

11943 4×

1. PLACE OF DEATH: County Balto. City or town Lansdowne (If ostside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, lostitution, or street address where death occurred: 2100 Smith Ave.			URAL and give nearest town)	City or town (If outside city or town limits 2100 Smith A (If rural, give	mother) Balto. s. write RURAL and give nearest town) LVC. aLOCATION)
3. (a) FULL NAM		E HENRY	DEERING		3. (b) Social Security Number none
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White		Married		19.45 at 6:00A
	Emma	(Ruhl)	Deering	21. I CERTIFY that death occurred on the date abo	ove stated; that I affended deceased from
6.(b) Name of husband		•••••		1938- 19.	10 De 26 19 4
7. Birth date of) If alive, give ageye	and that I last saw h	Dan 70 18 41
deceased (mo., day,	yr.) Dec. 2			Immediate came at death	
8. AGE: Year	s Mooths	Days	If less than one day	Uremei	
62	11	28			
10. Usual occupation. 11. Industry or busine: H	Balto. enry Deeri Balto. Romelia	pervise Co. ng Co., Mo Ann Wa	d.	Diher conditions	months of death) Date of op.
10. Inturbant	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ansdowne, Md.	PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external ce	hich death should be charged statistically.
Cemetery or cremal	to., Md.	on Parl	12/29/45 (month) (day) (year) Ceme	Accident, suicide, or homicide	Date of



Duration

PHYSICIAN

cause to which

death should be

charged statis-

information

BINDING

RESERVED

MARGIN

1. PLACE OF DEATH: (a) Baltimore , Maryland (b) Street address 2 5 Edmondson Ridge Boad (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days).... (e) Length of stay in Baltimore (vrs., mos., or days). 3 (a) FULL NAME

CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

(a) State 11d. (b) County Catonsville (c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 25 Edmondson Ridge Ed.

(e) Citizen of foreign country? (Yes or No)

If yes, name country.....

3 (b) If veteran, name war 3 (c) Social Security Account

Thomas Medairy Dell

4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. divorced male Florence Mary Hampso 6 (b) Name of husband or wife.

6 (c) If alive, give age 69 years 7. Birth date of deceased (mo., day, yr.) Dec. 4, 1868

Years Months Davs If less than one day

Baltimore, I'd. 9. Birthplace .. (Town, county, and state)

10. Usual Occupation Insurance salesman

11. Industry or business

12. Name Thomas E. Dell Baltimore, 1d. 13. Birthplace

14. Maiden Name Amelia Mills

J'aryland 15. Birthplace 16 (a) Informant Albert H. Dell

(Burial, cremation, or removal)

(b) Address 6114 Montrose Rd., Cheverly, Md.

(b) Date thereof 12/24/45

(c) Cemetery or exematory. Greenmount Location Greenmount & North Aves.

18 (a) Funeral director John Mitchell & Soul (b) Address 1900 Eutaw Place

.. (b) Harry & Huller

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 19 45 at M 21. I certify that death occurred on the date above stated; that lattended deceased tratage /2 1945 tolle 27-1945

and that I last saw h = alive on 2 2 19 8 5 Immediate cause of death

Other Conditions (Include pregnancy within 3 months of death)

Date of operation Major findings of operation:

of autopay: 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide..... (b) Date of occurrence at

(c) Where did injury occur?..... (City or town) (County)

(d) Did injury occur about home, on farm, industrial place, in public While at work? place?... (Specify type of place)

(e) Means of injury

23. Signature 6 lu

Address 202 CT Fal Fo Date signed

JAN 2 1946 UREAU Y

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

2411 N. Charles St., Baltimore

T	1	y	4	5	

		(1000)
ERTIFICATE	OF	DEATH

E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME)	OF DECEASED:
(For newborn infants give residence a	Balto.
State	County
City or town Woodlawn (If outside city or town lim	ulta, write RURAL and give nearest town)
Street No. 6727 Winds	or Mill Rd.
(If rurai, gi	ve LOCATION)

2.(a) If veteran, name war.

The state of the s		
3. (a)	FULL	NAME

1. PLACE OF DEATH:

Row long in above place of death?..... Hospital, Institution, or street address where death occurred:

The correct age

ry item of information care why. The co the causes of death clearly and legibly.

Supply

ADING

Physicians: please

important.

s especially

none MEDICAL CERTIFICATION

3. (b) Social Security Number

o. (a) FULL NAME				
		JOHN	G. DIETRICH	
l. Sor	5. Color or race	6.(a) Sing	ile, married, widowed, or divor	rced
Male	White		Widowed	
5.(b) Name of husband o	r wite Regi	ina R.	Dietrich	******
f. Birih date of deceased (mo., day, yr			(c) It alive, give age	years
8. AGE: Years	Months	Days	tt less than one day	
74	10	4	hrs	mln.
1. Industry or business	Stationar	y Eng	ineer (reti	
t2. Name John Dietrich 13. Birthplace Unknown				
	. J. R. Di	ietric	:h	•••••
Address 30	10 Glendal	e Ave		10000
(Burial, cremation, Cemetery or cremator)	al or removal. Which?) Wester	Date the	reof 12/27/4 (month) (day)	(year)
Location	Balto.,	Md.		
	TOTAL TOTAL	CKNET	S & COMC	

Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

Windsor Will

20. DATE OF DEATH	Dec. 24, t	9.45 at 5:40 Pw
21. I CERTIFY that death occurr	red on the date above stated; that I atte	nded deceased from
	19.40 10. 40 2	W 24 1946
and that t tast saw h	livo on 40 44 24	19. 45
Immediate cause nl death		DURATION
Cardi	à Vaccul ai	2 wir.
Due to atur	relació	yu.
Due to		
Other conditions	***************************************	***************************************
(Include preg	mancy within 3 months of death)	
Major findings nl operations		
***************************************	Date ot	ор
4		

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town) Injured at home, tarm, lodustry, public place (where?)

Accident, suicide, or homicide.....

PLEASE WRITE

MARGIN RESERVED FOR BINDING

Balto., Md.

Where did injury occor?

Means of Injury

tnlured at work?

(Date rec's by registrar)

A15

The

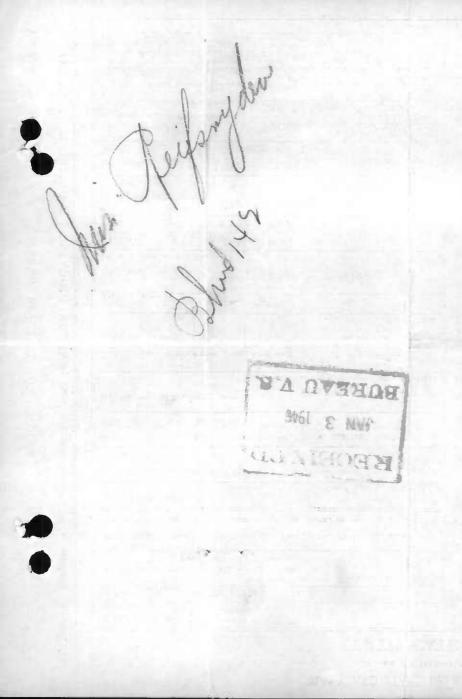
MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

	Reg.	Dist.	No	4	3
ì	7		11	91	C

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Baltimore	(a) State Md. (b) County Baltimore	
(b) City or town Overlea (If outside city or town limits, write RURAL and give town)	(c) City or town Overlea	
(c) Street address, hospital, or institution:	(C) City or town (If outside city or town limits, write RURAL and give town)	
33 Greenwood Avenue	(d) Street No. 33 Greenwood Ave.	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(a) Street No. (If rural give location)	
(e) Length of stay in this community (yrs., mos., or days) 12 Yrs.	(e) If foreign born, how long in U. S. A.?	
	(c) it follows to the first control of the control	
3 (a) FULL NAME Frank alvin floras		
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	
No.	20. Date of death 20 1945, at 0:30 A M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-	
male white divorced widowed	ed deceased from Dec 29 1945, toller 31 1945,	
6 (b) Name of husband or wife	and that I last saw him alive on Alle 30 1945.	
6. (c) If alive, give age years	Immediate cause of death Duration	
7. Birth date of deceased (mo. day vr.) Sept. 9, 1880	Mormary Homeosis Judden	
The state of the s	Due to Aslein - Cles when	
8. AGE: Years Months Days If less than one day	Due to Melin Ileune	
65 3 21hrmin.	Due to Wish Hypotinson	
9. Birthplace Tamaqua, Pa.	0 0 0 0 10 1	
(Town, county, and state)	Other conditions Alsabeles Mellitus	
10. Usual occupation electrician - retired	(Include programs within 9 months of death) PHYSICIAN	
11. Industry or business	Marian Can Italy	
불 12. Name Eli Donat 조 13. Birthplace Tamaqua, Pa.	Of operations cause to which	
13. Birthplace Tamaqua, Pa.	death should be	
	Of autopsy charged statisti-	
E 14. Maiden Name Mary DeFrehn	cally.	
14. Maiden Name Mary DeFrehn 15. Birthplace ?	22. If death was due to external causes, fill in the following:	
16 (a) Informant Walter Bennett	(a) Accident, suicide, or homicide	
(b) Address 33 Greenwood Ave.	(b) Date of occurrence	
1/3/A6	(c) Where did injury occur? (City or town) (County) (State)	
17 (a) Burial (b) Date thereof 1/3/46 (month) (day) (year)	(d) Did injury occur about home, on farm, industrial place, in public	
(c) Cemetery of trematory Odd Fellows		
Location Tamaqua, Pa.	place?While at work?	
18 (a) Funeral director John O. Mitchell & Long, Line.	(e) Means of injury	
(b) Address 1900 Eutaw Place, Paltimore, Md.	23 Simon Manuagarduer	
19 (a) 12/30/45 (b) a.W. Hedrich	23. Signature M. D. or other	
(Date rec'd by registrar)	Address / Sullo 6 Date signed /2-30-45	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore A.L.

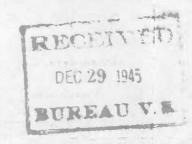
CEDTIFICATE OF DEATH

The correct age

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICAT	Rog. Diat. No.
1. PLACE OF DEATH: County Baltimore City or town. Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 1 yr, 2 mos., 4 days Hospital, institution, or etreet address where death occurred. Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? 1 yr, 2 mos., 4 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Baltimore City or town Arbutus (If outside city or town limits, write RURAL and give nearest town) 1239 Stevens Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Dorothy E. Dorsey	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 26, 19.45 at 10:13P.
6.(b) Name of hueband or wife. Paul Dorsey 7. Sirth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 22, 1944 to Dec. 26, 19 45 and that I last eaw her alive on December 26, 19 45. Immediate cause of death PULMONARY TUBERCULOSIS 3 yrs. 4 mos. Due to Tubercle Bacilli Due to
11. Industry or business	Other conditions Gangrene of lung 1 week
14. Malden name Irene Rodgers 15. Birthplace Brooklyn, New York 16. Informant Dorothy Dorsey	(Include pregnancy within 3 months of death) Major findings of operations. No operation Date of op.
Address 1239 Stevens Ave., Arbutus, Md. 11. Burial Date thereof Dec. 29 1945 (Burial, cremation, or removal. Which?) Cemetery or crematory Western Cemetery Location Edmondson Ave., Baltimore, Md. 18. Funeral director F. B. Wippert & Son Address Futaw Place, Baltimore, Md. 19. Dec. 26, 1945 Carl T. Wabstur (Date ree'd by registrar)	Aatupsy results. No autopsy PHYSICIAN: Please underline the cause to which death should be charged statisticslly. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide



2 1 19 1 19 ---

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

	213101
	44
Reg. Diat.	No

1. PLACE OF DEATH: county Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Maryland County Baltimore City or town Middle River (If outside city or town limits, write RURAL and give nearest town)		
City or town Middle River (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?			
	Street No. Bird River Road (If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Edward E. Drebing 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	2D. DATE OF DEATH December 17th. 19 45 at 11. 30 m		
6.(b) Name of husband or wife. Luella Drebing	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	De: 14 1945, 10 Dec 17 1945		
7. Birth date of deceased (mo., day, yr.) August 13th 1879	and that I last saw h. J.M. alive on Dec. 14 1945		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION OCCUPATION		
66 4 4hrsmin.	Carorado Galdano		
9. Birthplace Baltimore County, Maryland (Town, county, and state)	Due to		
1B. Usual occupation Ship Joiner			
11. Industry or business	Due to		
	A 1		
George M. Drebing 12. Name George M. Drebing 13. Birthplace Maryland	Other conditions		
	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
	Date of op.		
16. informant Mr. Elender Drebing	Antopsy results.		
Address 3426 Dudley Ave. Balto. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or crematory Orems Methodist	Where did injury occur?		
Location Stemmers Run, Maryland	injured at home, farm, Industry, public place (where?)		
18. Funeral director Jak & San Fernesal Home	Means of injury injured at work?		
Address 7401 Belair Road	Value ((deal and)		
17/2/0 166 Days & F. An	P3. SIGNATURE		
19. (Date rec'd by registrar) Registrar	Address 300 Shannon Drive Date stand 12/19/45		

· Ki UREAU DEC 47 1945

Reit V. S.
12/10/45

STUDIO CONTRACTOR

8

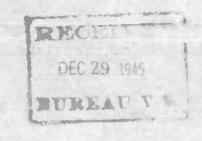
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11950 Reg. Dist. No. 38

T. Birth date of decessed (mo., day, yr.) March 28, 18 68 S. AGE: Years Months Days It less than one day Town, county, and state)				
City or town. Idd. W.Y.G. Balto. 12 Now long in above place of death? Now long in above long in the long in above long in the long in above long in the		2. USUAL RESIDENCE (HOME) OF DECEASED:		
Now long in above place of death? Nospital, institution, or street address where death occurred: 6300 Banbury, Road Now long in hospital or institution? 3. (a) FUIL NAME MARY C. DURHAM 3. (b) Social Security Number ******** MARY C. DURHAM 3. (b) Social Security Number ********* ******** ******** ******		State Maryland County Baltimore		
Street No. Str	(If outside city or town limits, write RURAL and give nearest town)			
Street Re. O.D. Sandour.y. Road Now long in hospital or institution?				
How long is hospital or institution? 3. (a) FULL NAME MARY C. DURHAM 3. (b) Social Security Number ******** 4. Set Fe Male S. Color or race White S. Color or race White S. Col		Street No. 6300 Banbury Road		
3. (a) FULL NAME MARY C. DURHAM 3. (b) Social Security Number 3. (c) Social Security Number 3. (d) Social Security Number 3. (e) Social Security Number 4. (e) Social Security 4. (e) Soci				
4. Set FeMale 5. Color or race 6. (a) Single, married, wloowed, or divorced Widow 8. (b) Name of husband or wife. Franklin P. Durham 5. (c) It alive, give age years decessed (mo., day, yr.) March 28, 18 68 8. AGE: Years Months Days It less than one day 3 da 7. Birth date of decessed (mo., day, yr.) March 28, 18 68 Maryland 9. Birthplace. Harford Co., Maryland (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business At Home 12. Hame William Kean 14. Maiden name Lorenda Devee 15. Birthplace Maryland (Include pregnancy within 3 months of death) MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. DATE OF DEATH. December 1, 445, at 21. I CERTIFY that death occurred on the date above stated: that Latjended deceased from 21. I CERTIFY that death occurred on the date above stated: that Latjended deceased from 22. I J. CERTIFICATION 23. DATE OF DEATH. December 1, 45, at 24. I J. CERTIFICATION 25. (c) It alive, give age years 26. (d) Name of husband or wife. Franklin Alive on Latjended deceased from 27. I J. CERTIFICATION 28. I J. CERTIFICATION 29. DATE OF DEATH. December 1, 45, at 20. DATE OF DEATH. December 1, 45, at 21. I CERTIFICATION 20. DATE OF DEATH. December 1, 45, at 21. I CERTIFICATION 20. DATE OF DEATH. December 1, 45, at 21. I CERTIFICATION 20. DATE OF DEATH. December 1, 45, at 21. I CERTIFY that death occurred on the date above stated: that Latjended deceased from 21. I CERTIFICATION 22. DATE OF DEATH. December 1, 45, at 23. DATE OF DEATH. December 1, 45, at 24. Latjended deceased from 19, at 25. Latjended deceased from 19, at 26. Latjended deceased from 19, at 27. Latjended deceased from 19, at 28. DATE OF DEATH. December 1, at 29. Date Of December 1, at 20. DATE OF DEATH. December 1, at 21. Latjended deceased from 19, at 21. Latjended deceased from				
FeMale White Widow 6.(6) Name of husband or wife Franklin P. Durham 7. Birth date of decessed (mo., day, yr.) March 28, 18 68 8. AGE: Years Months Days Itless than one day 77 8 3 min. 9. Birthplace Harford Co., Maryland (Town, county, and state) Housewife 10. Usual occupation. Housewife 11. Industry or business At Home 12. Hame William Kean 13. Birthplace Maryland 14. Maiden name. Lorende Devoe 15. Birthplace Maryland Major fludius of operations. Maryland (Include pregnancy within 3 months of death) Major fludius of operations. Date of op.	MARY C. DURHAM	* 大米·特米·米·		
6.(6) Name of husband or wife. Franklin P. Durham 5.(c) It alive, give age years decessed (mo., day, yr.) March 28, 18 68 8. AGE: Years Months Days It less than one day 77 8 3		MEDICAL CERTIFICATION		
8. AGE: Years Months Days Itless than one day 77 8 3 min. 9. Birthplace. Harford Co., Maryland (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business At Home 12. Hame. William Kean 14. Maiden name. Lorende Devee 15. Birthplace Maryland 16. (b) Name of husband or wife. Franklin P. Durham 21. I CERTIFY that death occurred on the date above stated; that I aliended deceased from 18. 4. 19. 4. 1	remais will be wildow	20 DATE DE DESTRI DECEMBER 7 19 45 et		
7. Birth date of deceased (mo., day, yr.) March 28, 18 68 8. AGE: Years Months Days It less than one day 77 8 3	Franklin P. Durham			
1. Birth date of decessed (mo., day, yr.) March 28, 18 68 8. AGE: Years Months Days It less than one day 77 8 3 hrs. min. 9. Birthplace Harford Co. Maryland Mousewife 10. Usual occupation. Housewife 11. Industry or business At Home 12. Hame William Kean Dither conditions Waryland Major fludings of operations Major fludings of operations Major fludings of operations Date of op.		10-21 1845, 10 Alea 15 1845		
8. AGE: Years Months Days It less than one day 77 8 3	7. Birth date of	and that I last saw h la alive on Atv 29 19.4.5		
77 8 3 hrs. min. 9. Birthplace. Harford Co. Maryland (Town, county, and state) Housewife 10. Usual occupation. Housewife 11. Industry or business At Home 12. Name. William Kean 13. Birthplace Maryland 14. Maiden name. Lorenda Devoe 15. Birthplace Maryland Major fludings of operations. Date of op.		Immediate cause of death		
9. Birthplace. Harford Co. Maryland 10. Usual occupation. Housewife 11. Industry or business At Home 12. Name. William Kean 13. Birthplace Maryland 14. Maiden name. Lorenda Devoe 15. Birthplace Maryland Major fludiugs of operations. Due to. (Include pregnancy within 3 months of death) Major fludiugs of operations. Date of op.	77 0 7	boronary Vhambors 3day		
10. Usual occupation. Housewife 11. Industry or business At Home 12. Name. William Kean 13. Birthplace Maryland 14. Maiden name. Lorende Devoe 15. Birthplace Maryland Due to Diher conditions (Include pregnancy within 3 months of death) Major fludings of operations. Date of op.				
10. Usual occupation. 11. Industry or business At Home 12. Name	9. Birthplace Tall Of O Wary and state)	Due to		
11. Industry or business At Home 12. Name	10. Usual occupation Housewife			
12. Name	11. Industry or business At Home	, () 0		
14. Maiden nameLorende Devoe	E 12. Hame William Kean	Aviel 10 -		
14. Major findings of operations. 15. Birthplace Maryland Date of op.	X 13. Birthplace Maryland			
The state of the s	14. Maiden name. I orende Devoe			
The state of the s	15 Richalace Marvland			
Mary Walland To a second secon				
16. Informant Mrs. William P. Smith Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.				
Address 6300 Banbury Rd, Balto 12, Md. 22. VIOLENCE: If death was due to external causes, fill in the following:		22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burlal, eremation, or removal, Which?) Date thereot. Dec. 3, 1945 (Burlal, eremation, or removal, Which?) Date thereot. Dec. 3, 1945 (month) (day) (year) Accident, suicide, or homicide	(Burlal, eremation, or removal, Which?) Oate thereof Dec. 1945 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematery Parkwood Cemetery Where did injury occur? (City or town) (County) (State)		Where did injury occur?		
		Injured at home, farm, industry, public place (where?)		
Means at injury Injured at work?				
July 14 Harris All Market All All All All All All All All All Al	111111111111111111111111111111111111111	hu HADO		
Address Towson Arty and to the 23. SIGNATURE 23. SIGNATURE	OWSON MoreVand for Illand	23. SIGNATURE M. D. or other		
M. D. or other	19. Wec. 3 18 45 MINERAL MANTIN	2126-1-12.1		



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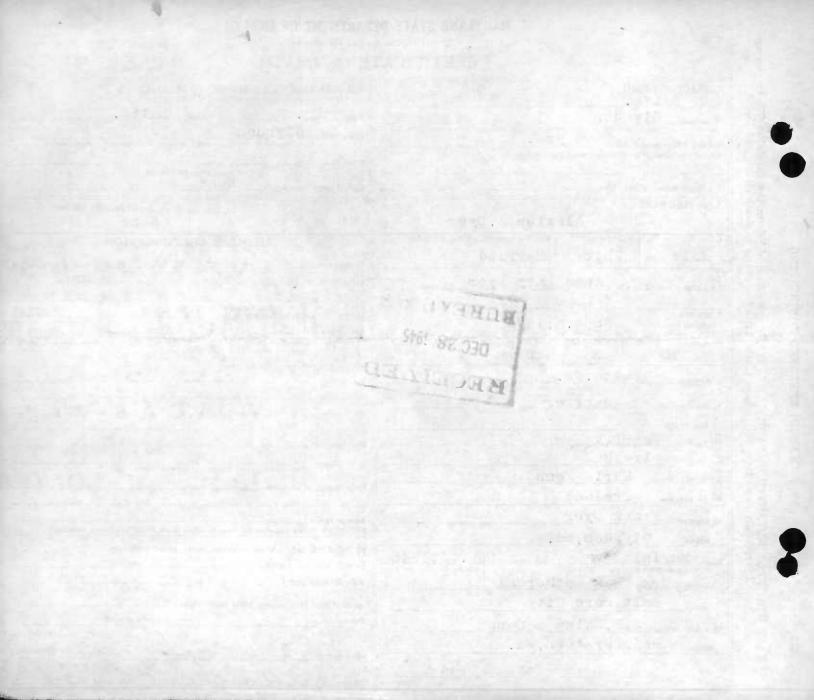
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-a

CERTIFICATE OF DEATH

			2	5
Reg.	Dist.	No.		3

1. PLACE OF DEATH: County Balto. City or town Clyndon (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 70 yrs. Hospital, institution, or street address where death occurred:			Street No.	County Balte. alts, write RURAL and give no	earest town)
3. (a) FULL NAM		exius A.Dyer		3. (b) Social Security None	Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married				CERTIFICATION 23 19.45	at 11:HOAN
		Mary Dyer 6.(c) If alive, give age years 18,1875	21. I CERTIFY that death occurred on the date of the state of the stat	above stated; that I attended dec 19445 to 23	eased from 2 5 19 445 19 45
8. AGE: Years Months Days If less than one day 70 3 15			Immediato cause of death		
Balto.Co. (Town, county, and state) 10. Usual occupation			Due to		
14. Malden name Maria Egan 15. Birthplace Ireland 16. Informant Frank Dyer			(Iuclude pregnancy within Major findings of operations Autopsy results PHYSICIAN: Please underline the cause to	Date of op	
Address Glyndon, Md. Burial Date thereof Dec. 26, 1945 (month) (day) (year) Cemetery or crematory. New Catherdal Raltiwacre City			22. VIOLENCE: If death was due to external of Accident, whicide, or homicide	Date of	(State)
Baltimore City 18. Funeral director J.F. Eline & Sons Address Reisterstown, Md. 19. 12 26 19 45 Qar Q.F. Luc. (Date rec'd by registrar)			Injured et home, farm, industry, public place Means of injury 23. SIGNATURE	injured at work?	Instiss D. Exam



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

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eg.	Diat.	No.		3	8	••

CERTIFICAT	TE OF DEATH Reg. Dist. No. 38
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred: Comacost Institution. How long in hospital or institution.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Varia V. Edmender	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temple White Widowed White Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH DEC. 19.45 at 3.35 Quantum 19.45 at 1.35 Quantum 19.45 at 3.35 Quantum 19.45 Quantum 19.45 At 3.35 Quantum 19.45
6.(b) Name of husband or wife	Jack 17 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of	
deceased (mo., day, ye) failed 15 1865	Immediate cause of death Medas Testing Duration
8. AGE: Years Inofiths Days If less than one day	P 0 - 1/2 1 - 0
80 9 5 4hrsmin.	A see see
9. Birthplace alts. Co. Mary Pand (Town, coupe, and state)	Due to
1D. Usuat occupation.	Due to.
12. Name Haylord	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 27 any . Oroscub	Major findings of operations.
1	Date of op.
18. Informant Mr. Harry Carnegdes	Autopsy results
Address Ringeville Mac	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or reports). (Mich?) (Burial, cremation, or reports). (Mich?)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Table and act	Accident, euicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Baltmare, Probyland	Injured at home, farm, industry, public place (where?)
18. Funeral director assalm Franckal Jame	Means of injury injured at work?
Address 7401 Belait Road	2/2 - 2-00.
19. 19. 16 (Date réc'd by registrar) 1845 G. J.M. Boton Registrar	23. SIGNATURE July Law Jolley W. D. or other Addreee. 27. 7. 2. Handry M. D. Date signed 2. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15

RECEIVED DEC 7 1919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

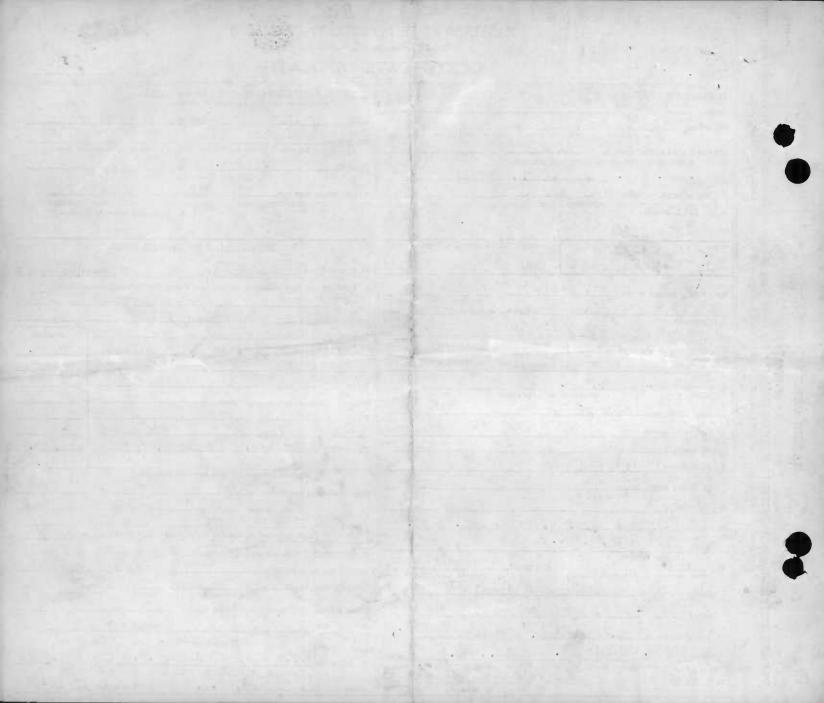
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		111	
		VV	
	Dist	No.	
Leg.	Diat.	140	ř

11953

CERT	IFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore City or town Fort Howard, Caryland (If ontside city or town limits, write RURAL and give neares How long in above place of death? 46 days Hospilal, institution, or street address where death occurred:	(If outside city or town limits, writs RURAL and give nearest town)
Vets.Adm. Hosp. Fort Howard, Varyland How long in hospital or institution? 46 days	(If rural, give LOCATION)
3. (a) FULL NAME	3.(b) Social Security Number
HERMAN ELLIS	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or div	WEDICAL CERTIFICATION
Male colored married	20. DATE OF DEATH December 22, 19.45 ,215:40 A
6.(b) Name of husband or wife. Mary Ellis 6.(c) It alive, give age 45.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 6 1945 to December 22 19 45 and that I last saw h im alive on December 22 19 45
deceased (mo., day, yr.) August 15, 1898	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 47 4 7 hrs	
9. Birthplace Baltimore, Md. (Town, county, and state)	
1D. Usual occupation Laborer 11. Industry or business	Due to
12. Name James Ellis 13. Birthplace Virginia	Other conditions Abscess, iliopsoes, right approx. 6 mos.
14. Malden name Unknown Virginia	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Clinical Records, Vets. Adm. Ho Address Fort Howard, Md.	OSD. Autopsy results. Same as above PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17. Burial Date thereof 12/27/45 (month) (day	
Cemetery or crematory Baltimore National Ceme	
Location Baltimore, Maryland 18. Funeral director. Mrs. Samuel T. Hemsley Address 578 W. Biddle St. Balto., Md. 19. 12/25/45 19. AW Medical St. Balto.	23. SIGNATURE H. V.RICHARDS, AJOR, M.C. ACT. CLIK. DIR.
(Date rec'd by registrar)	Registrar Address Fort Howard, d. Date signed 12-22-45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

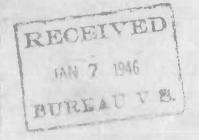
11354

CERTIFICA	TE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: County City or fown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION)
3. (a) FULL NAME Hyry WilbertEnfiel 4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	d 3. (b) Social Security Number 2 18-69-7967.
Male White Married. 6.(b) Name of husband or wite Serena. Enfield. 7. Birth date of deceased (mo., day, yr.) February 10 1884	and that I last saw h alive on 2 2 7 19 9 1
8. AGE: Years Months Days If less than one day 9. Birthplace Days If less than one day 9. Birthplace Days If less than one day 10. Usual occupation Days If less than one day 11. Usual occupation Days If less than one day 12. Days If less than one day 13. Usual occupation Days If less than one day 14. Days If less than one day 15. Days If less than one day 16. Days If less than one day 17. Days If less than one day 18. AGE: Years Months Days If less than one day 19. Days If less t	Due to.
11. Industry or business ar sentering. El 12. Name William En field. Your 13. Birthplace Penna.	Due fo
14. Maiden name 1 10.e. 5.e. Q. d. n.e. Beck with Address 16. Informant 1 13. Stress 11. Stress 11	Major findings of operations
Date thereof (month) (day) (year) Cemetery or erematery	22, VIOLENCE: If death was due to external causes, fill in the following; 'Accident, suicide, or homicide
16. Funeral director Address Hell And Ball And B	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M. D. or other
19. Ozta 28 1944 - September 1944 - Parish Sand Registrar	12-79-11

A15 ASA The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and least the cause of death clearly and least the cause of the

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PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

11956

			CERTIFICAT	TE OF DEATH	32
1. PLACE OF DEATH: County Baltimore City or lown Owings Mills (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Nospilal, insiliution, or street address where death occurred: Rosewood State Training School How long in hospital or institution? 7 yr. 7 mo. 24 da.			SURAL and give nearest town) MO. 24 da. ining School	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State	School
3. (a) FULL NAME		ert 1	Ewing	3. (b) Social Security	Number
Male 6.(6) Name of husband	White		, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH	ased from
7. Birth date of deceased (mo., day, y	r.) 9/	/12/3: Days 21) If alive, give ageyears C If less than one day hrsmin.	and that I last saw h.imalive on	DURATION
9. Birthplace Baltimore, Baltimore, Md. 10. Usual occupation		nore, Md.	Due to Bronchitis and Due to Serial Epilepsy	***************************************	
13. Birthplace	Baltin	nore,	Wineke	Other conditions	
16. Informant Institutional records Address Rosewood State Training School 17 December of Committee of the			raining School	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)

DEC 5 1945 BUREAU V.B.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6)

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. TOWSON (If outside city or town limits, write RUKAL and give nearest town)	State Maryland county none		
	City or town		
How long in above place of death?			
Presbyterian Home	Street No. Bolton St. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary E. Finnister			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20. DATE OF DEATH. December 25 19.45 11/25 A M		
6,(b) Name of husband or wife?	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Jule 15 154 10 le 23 80		
7. Birth date of day yr.) October 16, 1861	and that I last saw have alive on Dec 23		
deceased (mo., day, yr.) October 10, 1001 8. AGE: Years Months Buys It less than one day	Immediate cause of death DURATION		
84 2 9nrsmin.	Carella Service) //290,		
9. Birthplace. Virginia (Town, county, and atate)	Due to		
(lown, county, and atate)			
10. Usual occupation	Due to		
11. Industry or business			
12. Name Benjamin Anton	Other conditions		
13. Birthplace Va	(Include pregnancy within 3 months of death)		
14. Maiden name Alice Hansen	Major fludings of aperations.		
15. Birthplace Va •	- Date of op.		
16. Interment Mrs. T. E. Elliott, Supt.	Antonsy results.		
Address Presbyterian Home, Towson, Md.	PHYSICIAN: Flease underline the cause in which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the following;		
17 Burial (Burial, cremation, or removal. Which?) Bate thereof. 12/27/45 (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery of Arematery Baltimore	Where did injury occur?		
Location Baltimore, Md.	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director John C. Mitchell + Sons, Inc.	Means of Injury tnjured at work?		
	10 111 1110		
Address 1900 Eutaw Place, Balto - 17 - Ndey	23, SIGNATURE SAUVENLLUX MAR		
19. (Date rec'd by registrar) Registrar	M. D. or other		
(Date rec'd by registrar)	Address Allegheny Ave., Towson, Md. Bate signed 2/26/48		



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH 12 B.(c) If alive, give age ... 7 Right date of deceased (mo., day, yr.) If less than one day 8. AGE: 9. Birthplace..... (Town, county, and atate) 10. Usual occupation 11. Industry or business 12. Name...... 13. Birthplace important. (Include pregnancy within 3 months of death) 14. Maiden na Major findings of operations..... 16. Informani PHYSICIAN: Please underline the cause to which death should be charged statistically. Addres 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide,..... (Burial, cremation, or removal Wbich? Where did injury occur? WRITE (City or town) Cemetery or crematory. Injured at home, farm, Industry, public place (where?) Injured at work? Address M. D. or other Registran Date signed ..

RESERVED

MARGIN

W. Wordy 1403 Park are

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore (444)

CERTIFICATE OF DEATH

1050

La	10	5	11	A
Reg.	Dist.	No.	4	0

1. PLACE OF DEATH: Ballenione	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
VVIII)	State Med County Ballemore		
City or town United City of Swn limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town kinits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Sister Mary Biliana 700	gue f 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fernale White Single			
Technology to the	20. DATE OF DEATH 22. 1.3 19 45 at 4.0.5 P. M		
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
E (e) If allow give age	Sept. 13 1945, 10 Dec. 13 1945		
7. Birth date of	and that I last saw h.ls_alive on M.sc_5		
deceased (ma., day, yr.) August 15, 1871	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Gashina Carrient May 2 year		
74 3 28hrsmin.			
Porlander 11 4			
8. Birthplace Cochester (1 4 4 (Town, county, and state)	Due to		
10. Usual occupation It orisework	***************************************		
	Due to		
11. Industry or business			
12. Name Philip Fouguet 13. Birthplace Bavaria Germany	Other conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Margaret Stahl 15. Birthplace Swabia Germany			
15. Birthplace Swabia Germany	Major findings of operations.		
	Date of op		
16. Interment Sx-Mary Clara	Actopsy results		
Address Nobels Cliff Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
10,000/11/1	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal, Which?) Oate thereot (month) (day) (year)	Accident, suicide, or homicide		
	Where did Injury occur?		
Cemetery or crematory	Where did injury occur?		
Location / Jun /	Injured at home, tarm, industry, public place (where?)		
19. Funeral director Deal Miles and Inc.	Means of Injury Injured at work?		
Address SII / W MAINT	John Alle Lewis		
10 14-45- X MAHmmin	Z3. SIGNATURE M. D. or other		
(Date rec'd by registrar)	Address		

DEC 20 1945.
BUREAU V S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

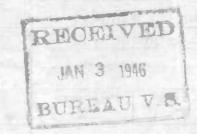
2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

11959₄₃

How long in above pla Hospital, institution, 320	Parkville Parkville foutside city or town i 2 or stree1 address where 7 Putty H	MG. imits, write I 4 yea; death occurred 111 A	7e	State Mary 1 and County Balt 1 Hole City or 10wn Parkville (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION)		
	or Institution?		***************************************	2.(a) 11 veteran, name war		
3. (a) FULL NA! Anton:		rick	1		3. (b) Social Security Number None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	1	Vidowed		45 3.00 AN	
6,(b) Name of husbar June 7. Birth date of deceased (mo., day		ac Fr	e) If alive, give ageyears	21. Leffity that death occurred on the date at 19	sove stated; that I attended deceased from	
8. AGE: Yes	ars Months	Days	It less than one day	Interested of the	morrhage 36 his	
79	6	1	hrsmin.			
10. Usual occupation	At Home		tate)	Due to	liseage (yrs	
13. Birthplace	Unknown			(Include pregnancy within 3	months of death)	
1B. Informant	3207 Pu		lll Ave	Autopsy results	rhich death should he charged statistically.	
17 Buria (Burial, crematic	al on, or removal, Which?		Jan 2 1946 (month) (day) (year) utheran	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide		
	Re		re County		(County) (State)	
Location	1		meral Home	Means of injury	/njured a1 work?	
Address 7	401 Belai	r Roa	đ	tofford fo	Hedson MD.	
19. Date rec'd by 1	2 19.46. registrar)	Sp.	a QL Refsmiles.	Address Date signed 4 /3 / 4		

CHARGONG STADISCERIS



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

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σ.	Dist.	Ī	Vo.		7	1		

CEDT	7 7 7 7 7	OATT		DEATH	ď.
I HKI			(1)		

1. PLACE OF DEATH: The - 3 and - 4 -	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State 24 d. County
Cily or town (If of side city or town limits, write RURAL and give nearest town)	(140 mm - 14)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
130x 295 110. north built Rd	Street Ho
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
	ev. 213-07-1511
4. Sex 5. Color or race 6.(a) Single, harried, widowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE OF DEATH Lec. 12 1945 44 M
6,(b) Name of husband or wife. Viola M. Fryer.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 6 4. years	Fer. 1837, 10 Mec 12. 19 43
7. Birth date of	and thet I last saw h. Man alive on Alle. 2: 19 45
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
69 6. 22hrs	19eau Aswere: 10lays
Baltenna Cit mil	Muscandial degenerates: 3 wks
9. Birthplace	Due to
10. Usual occupation	Broucho foremonia.
11. Industry or business Stell plant.	ilic. 14 to 9. 1945.
12. Name	Dither conditions Adexperteus in - 9 yes
	paradio vas eular dustase.
14. Maiden name Sulia Attereus 15. Birthplace Chilaslelphia Ga	(Include pregnancy within 3 months of death)
15. Birthplace Philaselphia . Va	Major fiadings of operations
16. Interment Niola M. Fryer	Antopsy results.
Address Soci-#1.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Carburace	Where did injury occur? (City or town) (County) (State)
Location Balto Mid-	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lassalan Firms How	Means of Injury Injured at mork?
Address 7 40, Belair Bo -	Kania M. (Andi: m. 1)
DED 12: 165 Dans Phake	23. SIDNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Addres Joansons Faint - med Bate 19712/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a) CERTIFICATE OF DEATH

The correct age

WRITE PLAINLY, WITH-UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

TASE

A15 SA

MARGIN RESERVED FOR BINDING

			<u> </u>	Reg. Dist. No	***************************************	
1. PLACE OF D	Poltimo:	re		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town(If	Fort outside city or town	Howard limits, write R 37 days	URAL and give nearest town)	State Maryland County City or lown Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 3802 Fernhill Avenue (If rural, give LOCATION)		
Hospital, Institution, of Vets. Adm.	or street address where Hosp., Fo	ort How	ard, Maryland			
How long In hospital	or Institution?	or ua,	Y.B	2.(a) If veteran, name war. WW I		
3. (a) FULL NAM		RDON FU	SSELBAUGH	3. (b) Social Security	lumber	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	1	Married	20. DATE OF DEATH December 24 19 45	2:25 a	
7. Birth date of		6.(4	F. Fusselbaugh Olf alive, give age 53 years	and that last saw h Little alive on Doodhada at		
8. AGE: Yea		per 27,	If less than one day	Immediate cause of death Heart disease. Hyper- tension and coronary arteriosclero-	DURATION	
53	3 11	27		sis, myocardial insufficiency	6 month	
9. Birthplace 10. Usual occupation 11. Industry or busine	(Town Estima	ore, Mar.	itate)	Due to		
質 12. Name	Robert Fu	sselbau	gh	Diher conditions Broncho-pneumonia	Termina	
三 12.	Maryland	***************************************	••••	Interstitial nephritis		
				(Include pregnancy within 3 months of death)		
14. Malden name	Manual and	3		Major findings of operations	*************	
≥ 15. Birthplace	Marylan	1		Date of op		
16. InformantCli	inical Reco	oras, v	ets. Adm. Hosp.	Autopsy results		
17. Buris (Burial, cremation	on, or removal, Which	Date there	of Dec. 77/45 (month) (day) /(year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
0	itary to refu	6/lu	ys	Where did injury occur?		
Loration	Murel	911	1.1.11/1/1/11	Magns of Injury Injured at work?		
16 Eyherzy Mactor.	tour O	- MI	ace	am Salles		
19 12/2 (1 10 4	5	(W Hedmile	23 SIGNATURE A.M. BALTER, LT.COL., M.C. CL.		
(Date rec'd by r	registrar)	*****	Registrar	Address Fort Howard, Md. Date signed.	12-24-45	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

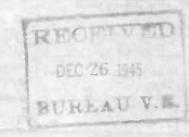
2411 N. Charles St., Baltimore 834

CERTIFICATE OF DEATH

11962 32

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?	City or town (1f outside city or town limits, write RUFAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 11 Brightfulle ALE. (18 rural, give LOCATION)
How long in haspital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME (da Louise Garriste	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE OF DEATH 12/20 1945 .1 2 30
6.(b) Name of husband or wife Charles Gassish 8.(c) If alive, give age 7 2 years	21. I CERTIFY that death occurred on the date above slated; that I allended deceased from 74. 19.30, to 4.0. 20. 19.45
	and that I lest saw h.es. alive on LLC 20 19 4.
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 7/ 5 29 hrs. min.	Immediate cause of death DURATION Cerebrol Translosis /2 hor
9. Birthplace (Town, county, and state)	Bue to arterio relicatio: - 1 ye
10. Usual occupation to the security	Due to
11. Industry or business	
12. Name William Mlngel	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Farise Hanzel 15. Birthplace Germany	Major findings of operations
18. Informant Charles Garrish	Antopsy results
Address 11 Brightaids all. Phesville mg.	22. VIOLENCE: If death was due to external caoses, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Thinks of Control & Manage	Where did injury occur?
18. Eueral director Frank A. Merell	Means of Injury Injured at work?
Address Pikesulle, Wargland	23. SIGNATURE Corbert Morling fact
19. 12 - 22 - 19.5 Dr. E. E. Nichol	23. SIGNATURE M. D/or other / 12/2/1/

PRINTED ASSOCIATIONS



11963

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

			- 1
			01
1	-		11 150
	Keg.	Dist.	No. D

	Keg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County S. Old Typ D.	. (For newborn intains give residence of mother)	
City or iown (If outside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	City or town	nssrest town)
Hospital, institution, or street address where death offurred:		
126 tredely That!	Street No	***************************************
How long In hospital or Institution?	2.(a) It veteran, name war	••••••
3. (a) FULL NAME	3. (b) Social Securi	ity Number
Unotes Beall and	2/2-14	f-812
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
0, 10 1 21 16 1	Dec,6 45	10:30
more in manued.	2D. DATE OF DEATH	, at
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended death of the state o	eceased from
	im Dec.5.	19.7
J. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) R. A.G.E. Years Months Days If less than one day	Immediate cause of death	DURATION
B. AGE: Years Months Days If less than one day	Unr. Myocarditis.	6 mo.
73. //	1.	
mosuland.	Due to.	******
9. Birthplace (Town, county, and state)	DUT 10	
10. Usual occupation		
7	Due to	
11. Industry or business ()		
H 12. Name A Sflash	Other conditions	
13. Birthplace / maryland		
	(Include pregnancy within 3 months of death)	*****
14. Maiden name 21/22 F F Black S. 15. Birthplace 21/22 F August S. 2000.	Major findings of operations.	
15. Birthplace a Malakel Rand	Bate of op.	
J. 1- m/1/		
16. Informant & State Land Land Land Land Land Land Land Land	Antopsy results	
Address 7.36 tu denich 950		CL SCHOOL COLLY!
B 10 12 /12/145	22. VIOLENCE: It death was due to external causes, fill in the following;	
(Buriai, cremation, or remodi. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory to a law law law law	Where did injury occur?	
Demetery of Cremetery		
Location Lace De Cely	tnjured at home, farm, Industry, public place (where?)	******************************
of Mr. M. R.	Means of Injury D Injured at work?	
18. Funeral director		
Address Carousville Md	- W. Hand Johns	m
10 10 110 de 10 1 10 10 1	23. SIGNATURE M.	D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	ar Address Catonoville Date sign	ed /2-10-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

SERVICE OF STADE PROPERTY

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

M. D. or other

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)	
State manyand County	
City or town Boltmore	Ward No.
(If outside city or town limits, write RURAL NEA	R and give town)
(If rural give LOCATION)	
e(a) IF VETERAN, NAME WAR	
3. (b) Social	Security Number
MEDICAL CERTIFICATION	ON
20. DATE DE DEATH December 29.	19 45 , at 7 7 AM
21. I CERTIFY that death occurred on the date above stated; that I et	
	. 29,
000	1945
mmediate cause of death	DURATION
Inyozardial Collapse	
Due to Pulmonary	
Subliculoris	10 7/2
ue to	
\	
Other conditions	
(Include pregnancy within 8 months of death)	PHYSICIAN
Df operations	Please underlin
	the cause to which death should be
	charged statisti-
Df autonsy	cally.
Df eutopsy	
22. VIOLENCE: If death was due to external causes, fill in the follow	wing;
22. VIOLENCE: if death was due to external causes, fill in the follow	wing;
22. VIOLENCE: If death was due to external causes, fill in the follow	wing;
22. VIOLENCE: if death was due to external causes, fill in the follow	wing; ite of

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VS A15

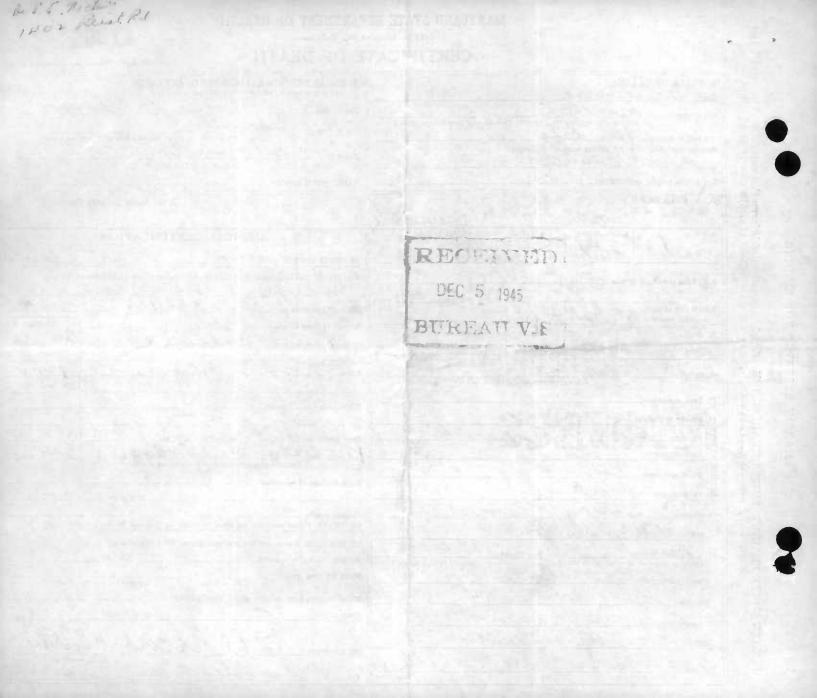
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

11965 Reg. Dist. No. 32

1. PLACE OF DEATH: County Baltimor E	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town file leave town limits, write RURAL and give nearest town)	State Md. County 53 all more
How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. of Mc Henry ax.
of Mc Henry are.	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emma C. Hagenrol	ter
4. See 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
semale white Single	20. DATE DE DEATH Le 2 1945 at 10:45
6.(b) Name of bushand or wife	100 6 1990 to 0 6 2 1990
7. Birth date of deceased (mo., day, yr.) Left 9, 1884	and that I last saw h. S alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
11 2 2.3	SYLOUR FORLIST CT WA
6 / P P hrs,m	1111.
8. Sirthplace Maryland	Due to Mreup Myreagele 198
/ (Town, county, and state)	ormor
1D. Usual occupation	Due to
11. Industry or business	
	500000000000000000000000000000000000000
12. Name Henry C. Hagematic 13. 6 Irtholaco Md.	Differ conditions Of Section 2
	(include pregnancy within 8 months of desph)
14. Malden name / Latin 15. 6trthplace Md	(include pregnancy within a months of deads)
7, 1	Major findings of operations.
0 17 1	
16. Informant Mrs Mary Naufman	Antopsy results
Address 4 Mc Heury ave	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
n. A Aline	
Cemetery or crematory	Where did injury occur?
Location I au dala tom M. J.	Injured at home, farm, lodustry, public place (where?)
18. Funoral director Harry H Withte	Means of injury tnjured al work?
Address 4-101 Edmondsonder.	23. SIGNATURE 66 MChales MW
19/2-3-45-1945 Dr. E.E. Michoe	lo Pikesville 8 md 12-3-4



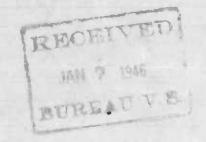
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-4)

CERTIFICATE OF DEATH

11966

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dal Timore	Manuel
City or town	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and givs nesrest town)
Hospital, institution, or street address where death occurred:	Street No. North of Freeland.
	(If rural, givs LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Louis Welzel Ma	11. 193-18-5944
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married.	20. DATE OF DATH December 25,19.45 at 8:10AM
6, (b) Name of husband or wife Minnie Hall	21. I CEBTIFY that heath observed on the date above stated; that I attended deceased from
	15 1945 10 2 25 1945
7. Birth date of	and that I last saw h including on hele 24 19 45
deceased (mo., day, yr.) Awows 1, 874.	Immediate cause of death DURATION
8. AGE: Years Month Days It less than one day	Broully Muse
7 24min.	10/11 Jany
9. Birthplace War (Town Jounty, and state)	Due to
10. Usual occupation Laborer	Due to.
11. Industry or business Canning Factory.	
E 12. Name Lanksown	Other conditions MAM JUNIMUM DIAS
13. Birthplace	
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace	Date of op.
16. Interment Mrs. Minnie Hall.	Autopsy results
T / / / / / /	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 · / D 20 lade	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or eremetery M. t. Olive T	Where did injury occur?
Location 2930 Frederick Ave. Balto. Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director I Jacob Vailensetzing.	Meens of Injury Injured at work?
Address Allew - Finedom Pa	/// Lower
do- 21 60-146 =	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Add Stew Jugora. 10 Date signed 12/244



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (83-0) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: clearly ensoure (we (Hrural give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from and that I last saw h. & P alive on ... 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Years If less than one day (Town, county, and state) 10. Usual occupation. 11. Industry or business. 12. Name...... 13. Birthplace WITH UNF (Include pregnancy within 8 months of death) 14. Malden nage Major findings of operations. 15. Birthplace PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (Burlal, eremation, or removal, Which?) Accident, suicide, or hemicide, (month) (day) (year) Where did injury occur? (City or town) (State) (County) injured at home, farm, industry, public place (where?) Means of Injury injured af work? PLEASE

2411 N. Charles St., Baltimore 30-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore Fort Howard	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Yets. Adm. Hosp. Fort Howard, Maryland How long in hospital or institution? 36 Days	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 515 N. Port St. (If rural, give LOCATION) WW-I
3. (a) FULL NAME	3. (b) Social Security Number

3. (a)	FULL	NAME
--------	------	------

16. Usual occupation. 11. Industry or business

15. Birthplace

4. Sex

MARGIN RESERVED FOR BINDING

ADING Physicians: please

important.

PLAINLY, V

VS A15

JULIUS HEBBELL (HEBBEL) 6.(a)Single, married, widowed, or divorced 5. Color or race

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7. 45 at 6:00 Am

Male		White		Married	
B.(b) Name of	Iddd.	wife Mr	s. Rose	Hebbell	
B.(O) Remo VI				(c) If alive, give age	46 years
7. Birth date o deceased (n		1-7-			
8. AGE:	Years	Months	Days	If less than one	day
	50	11	0	hrs.	min.
	Polt	imore I	Varirlan	d	

21. I CERTIFY that death occurred on the date above stated; that tattended deceased from November 3. 1945 to December 7, 1945 and that t tast sew him alive on December 7. 1945 Immediate cause of death..... Tuberculosis, chr. pul. far. adv.

	50	11	0	hrs.
9. Birthplace.	Balti	more, l	Maryla	nd nd state)

Inspector

active III

spinal and

tertiary, cerebro-Fracture neck of left

(Include pregnancy within 3 months of death) femur

12. Name Julius Hebbell 13. Birtholace

Bertha Algiers 14. Malden name...

18 Informant Clinical Records, Vets. Adm. Hosp.

Fort Howard, Maryland

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing:

Not due to an accidental fall.
Major findings of operations.

Accident, suicide, or homicide..... Where did injury occur?(City or town)

Injured at home, farm, industry, public place (where?) injured at work? Meens of injury

23. SIGNATURE A.M. BALTER, Fort Howard.

6 Mos. plus

MARGIN RESERVED FOR BINDING

19. (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-D

11969 20 Reg. Diat N

			CERTIFICA	TE OF DEATH	Reg. Dist.	No.
1. PLACE OF DEATH: County				Sireel No. 105 M	county County Sville town limits, write RURAL and elvin Ave. rural, give LOCATION)	
		LAUR	A D. HECKMAN		non	
4. Sex	5. Color or race	6.(n)Single	e, married, widowed, or divorced	MEDI	CAL CERTIFICATIO	
Female	White	W:	idow	20. DATE DF DEATH	Dec. 31	45 3:45 A
	A	6.(6	Heckman) If alive, give ageye 1864	and that I last saw h. A	1940, 10 12/ 1000 30 1	3/ 1945
8. AGE: Years		Days	If less than one day	Immediate cause of death	loubeses	
81 8 28				Due 10. Cardis-V		18 Movies
12. Name	oseph Raib Germany					
15. Birthplace	Germany			Major fiadiogs ol operations		
Address 10	5 Melvin A	re., C		PHYSICIAN: Please coderlice the	caose to which death shoold be	harged statistically.
17Bu (Burial, cremation	rial , or removal. Which?) , Loud on	Date there	of 1/3/46 (month) (day) (year) Cem.	Accident, suicide, or homicide	Date of	of
			SONS	Msana of Injury	Injured at wo	
17 (3000)	Balto., Md			23. SIGNATURE Eliot	Wollus	n mo

Registrar Address 34

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Towson Mary land	State May Mary County Ballisman
City or town	City or town. (If outside city or town limits, write RUEAL and give nearest town)
Hospital, Institution, or street address where death occurred:	29 8 1/4 1: 6 P 1
	Street No
How long in hospital or institution? June 1. March 28, 1943	2.(a) If veteran, name war
3. (a) FULL NAME Justing Hiffiner	3. (b) Social Security Number
4. Sen 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white magnies	20. DATE OF DEATH. Dec 19 18.45 at 4.30A M
6,(b) Name of husband or wife Regissal Heffice	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
286	March 28 1943 10 Dec 18 1845
7. Birth date of	and that I last saw hull alive on Day 17 1945
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
33 7 25 hrs. mie.	John Bar Bar Blig & M. S. W. College
The second second	turs and
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Housewife [RM]	Seened
1t. Industry or business	Due to
# 12. Name. Jahre & Jagellari	Other conditions Juing
12. Name January January 13. Birthplace Fulland	holl 1912
14. Malden name Lidia Riems	(Include pregnancy within 3 months of death)
15. Birthplace Associ finland	Major findings of operations.
Personal History-Hospital Record	Date of op.
10. Intormant	Autopsy result
AddressEudowood Sanatorium, Towson 4, M	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. Burlal, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory OR Law Charles	
Octive (a) Of Crema (of)	Where did injury occur? (City or town) (County) (State)
Localion	Injured at home, farm, industry, public place (where?)
18. Funeral director Illrach Language House	Means of Injury Injured at work?
Address 2008 O Pleases Ot	23. SIGNATURE William a Bridges
19. 17/8 19.45 O. H. Nedreck (Date rec'd by registrar)	Towson# Maryland Address Date signed

CERTIFICATE OF DEATH 1940

Duration

6 month

PHYSICIAN

Underline the

cause to which

death should be charged statis-

FILM No. T

1. PLACE OF DEATH:

(a) Baltimore Gir, Maryland

4233 Belmar Ave. (b) Street address.....

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)......

(e) Length of stay in Baltimore (yrs., mos., or days)...Life.

3 (a) FULL NAME

information s

WILLIAM H. HEUERMAN

3 (c) Social Security Account 3 (b) If veteran, name war

No. none none 4. Sex 5. Color or race 6 (a) Single, married, widowed, or

Male

6 (b) Name of husband or wife . Emma V. Heuerman 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1878

8. AGE: Years Months If less than one day | " 78

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired General Service

11. Industry or business Gas & Elec. Co.

12. Name William Heuerman Germany . 13. Birthplace

14. Maiden Name Mary Langhorn Germany 15. Birthplace

Mr. Luther Heuerman

16 (a) Informant....

3549 Chesterfield Ave. (b) Address

(b) Date thereof (Burist, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory. Parkwood Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

Balto., Md. (b) Address.....

15 Munitien Jan

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

4233 Belmar Ave

(If rural give location) (e) Citizen of foreign country?.....(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1945 at 4:00M 21. I certify that death occurred on the date above stated; that lattend-

ed deceased from line 20 19 45 to Ou 6 19 w and that I last saw h Ma alive on Dee 5 19 45

Immediate cause of death

Other Conditions andered a clember (Include pregnancy within 3 months of death)

Date of operation..... Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(c) Where did injury occur? (City or town)

(d) Did injury occur about home, on farm, industrial place, in public

(c) Means of injury.... 23. Signature....

Address 116 Northern Jorkun Date signed 12/7, 4

WRITE

especially

PLEASE

RESERVED

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

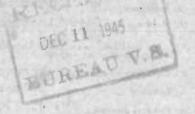
If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Beltimore /3

CERTIFICATE OF DEATH

38 g. Dist. No.

CERTITION	Reg. Dist. No	9
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many Many County Balls City or town (If outside city or fown limits, write BURAL and give ne Street No. 2.5.73 (If rural, give LOCATION) 2.(a) If yeleran, name war.	garest town)
3. (a) FULL NAME Lasles Tellulard Formand 4. Sex 5. Color or rate 8. (a) Single, married, without or divorced	3. (b) Social Security 7/6-12-3 MEDICAL CERTIFICATION	
6.(b) Name of husband or wife. 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Closur 12, 18, 74	20. DATE OF DEATH. 21. I CERTIEF That death occurred on the date above stated; that Lattended dece	23.4. 19.4.5
8. AGE: Tears Months Days Viess than one day 1 9. Birthplace Ballimani Mul (Town, county, and atate) 10. Usual occupation Reliable County, and atate)	Immediate cause of death Pallandundung Julyana Allendundundundundundundundundundundundundun	Disenses
11. Industry or business 12. Hame Plays Softman 13. Birthplace Manylauss 14. Malden name Richards Rightmand 15. Birthplace Merylaus	Other conditions	hat well
18. Informant Personal History-Hospital Recor	Rutopsy results	•••••
(Burial, cremation, or removal, Which?), Cometery or crematory, Sullimore Location Zullimore Company Compan	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
18. Funeral director, Mellom Address /2/1 St Soul 19. (Date rec'd by registrar) Registrar	Towson # Maryland Address. Date signed.	or other 12-31-45

hr.

(month) (day) (year

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: (a) Baltimore City, Maryland

(b) Street address ... (c) Hospital or institution:

F	OF DEATH 93 de Registered No.	
	or bearing	38
	2. USUAL RESIDENCE OF DECEASED:	
	(a) State	
	(c) City or town 3a 1+6 (If outside city or town limits, write RURAI	and give town)
2	(d) Street No. 3308 Oyarlan (If rural give location)	dAre
200	(e) Citizen of foreign country?	(Yes or No)
	+ meister	0.4000
	MEDICAL CERTIFICATION	mit as
	the second second second second second	Tel Milds
	20. DATE OF DEATH 1945	, at 21/0A, M
	21. I certify that death occurred on the date above state	
	ed deceased from april 13 1942 to De	
	and that I last saw ham alive on Dec 219	45
:	Immediate cause of death	D .
	Inimediate Lause of death	Duration
	Chronic myseardial degenerate	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Chronic myscardial degenerate	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Chronic myseardial degenerates Due to a proposed in Due to a proposed in Due to a proposed in the second in the se	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Due to Interiosclerosis (Cheli	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Chronic myseardial degenerates Due to a proposed in Due to a proposed in Due to a proposed in the second in the se	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Due to Appertension Due to Appertension	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Due to Du	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Due to Appendix Cerebi Other Conditions Cardiac desconferration (Include pregnancy within 3 months of death)	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Due to Appendix description of death) Other Conditions Cardiac descriptions (Include pregnancy within 3 months of death) Date of operation.	PHYSICIAN Underline the
	Due to Appendix Cerebi Other Conditions Cardiac desconferration (Include pregnancy within 3 months of death)	PHYSICIAN Underline the cause to which
	Due to Appendix description of death) Other Conditions Cardiac descriptions (Include pregnancy within 3 months of death) Date of operation.	PHYSICIAN Underline the
	Due to Appendix description of death) Other Conditions Cardiac descriptions (Include pregnancy within 3 months of death) Date of operation.	PHYSICIAN Underline the cause to which death should be
	Due to Apartensian Chelin Due to Apartensian Chelin Due to Apartensian Chelin Due to Apartensian Chelin Due to Apartensian (Include pregnancy within 3 months of death) Date of operation. Major findings of operation:	PHYSICIAN Underline the cause to which death should be charged statistically.
	Due to Apartensia Chelia Due to Apartensia Chelia Due to Apartensia Chelia Chel	PHYSICIAN Underline the cause to which death should be charged statistically.
	Other Conditions Cardiac descention (Include pregnancy within 3 months of death) Date of operation. Major findings of operation: of autopsy: 22. If death was due to external causes, fill in the fol	PHYSICIAN Underline the cause to which death should be charged statistically.
	Due to Appertension Other Conditions Candina description (Include pregnancy within 3 months of death) Date of operation. Major findings of operation: of autopsy: 22. If death was due to external causes, fill in the fol (a) Accident, suicide, or homicide.	PHYSICIAN Underline the cause to which death should be charged statistically. lowing:

(d) Did injury occur about home, on farm, industrial place, in public place?.. While at work?....

(Specify type of place)

(e) Means of injury

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

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If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

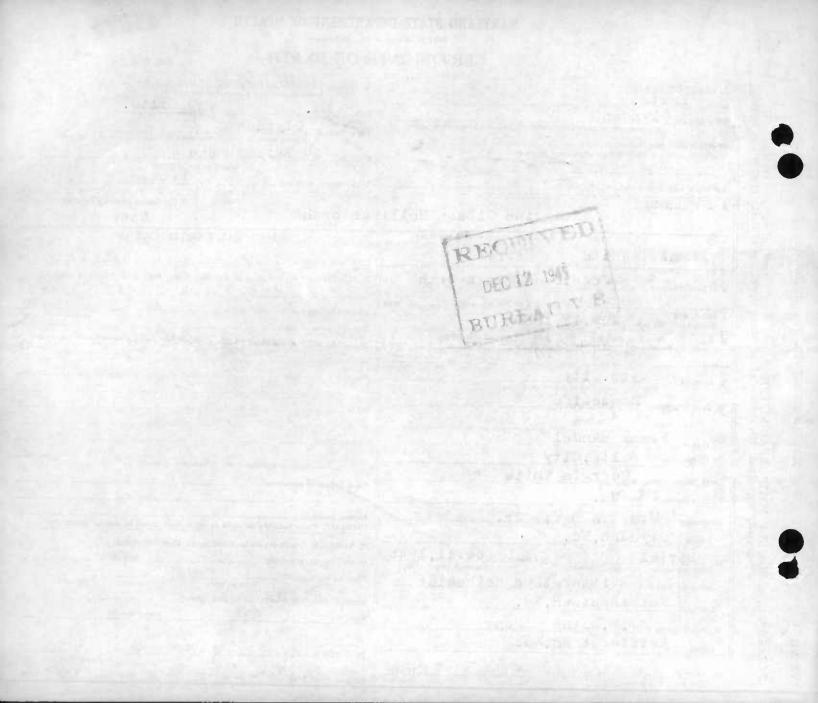
VS A15 X

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

1. PLACE OF DEATH: County Balto. Cify or fown. Cifyndon (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or sfreet eddress where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. Balto. State Glyndon (If outside city or town limits, write RURAL and give nearest town) Street No. 27 Butler Road (If rurai, give LOCATION) None
3.(a) FULL NAME Katharine Gibson Holli	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife Jessie Hollingsworth 5.(c) If alive, give ageyears 7. Sirth date of deceased (mo., day, yr.) Aug. 11, 1886	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 9-10-18-4-2, to 12-2-2, to 19-4-2 and that I last saw h
59 3 27hrsmin.	Euc to.
8. Sirthplace	Due to
Address Glyndon, Md. Burial Date thereof Dec. 11, 1945	PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide
18. Funeral director. J.F.Eline & Sons Address Reisterstown, Md. 19. Dec - 11 19. 45 Registrar (Date rec'd by registrar) Registrar	23. SIGNATURE D. D. Eaplas, M. D.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

11975

CERTIFICATE OF DEATH

			CERTII ICA	Reg. Diat. No	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
CountyBalt				State Maryland County	
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			RURAL and give nearest town)		
			month, 5 days	City or town Baltimore (If outside city or town limits, write RURAL and give ne	arest town)
				Street No. 7126 Park Heights Avenue	******
			1 month, 5 days	(If rural, give LOCATION)	1/
			T. MOTIVII.	2.(a) If veteran, name war.	
3. (a) FULL NAME	Minni	e/Holm	es	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
f	W		married	2D. DATE DF DEATH December 3	5 at 4:30 P
R (h) Name of husband	or wife Fred	Holme	S	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
			c) If alive, give age 51 years	October 28, 19 42 to Dec. 3,	194.5
7. Birth date of				end that I last saw h 5.T. alive on	1945
deceased (mo., day, y	Months	Days	If less than one day	Immediate cause of death	
63	7	20		Chronic myocarditis	Indef.
- 03		20	hrs. mln.		**
9. Birthplace	Mary land	county and	atate)	Due to	
1D. Usual occupation housewife					
			•••••	Due to	***************************************
11. Industry or business					
E		ler		Dther conditions Atalectasis of the right	Indef
13. Birthplace Bavaria				(Include pregnancy within 3 months of death)	
14. Maiden name 15. Birthplace	Catherin	e Salt	zman	Major findings of operations	
15. Birthplace	German	V		Major findings of operations. Date of op.	
		•		Autopsy results	
				PHYSICIAN: Please underline the cause to which death should be charged	statistically.
	- 0		re - 28, Md.	22. VIOLENCE: If death was due to external causes, till in the following;	
17(Burial, cremation,	real	Date ther	eof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory			(month) (day) wear)	Where did injury occur? (City or town) (County)	
Cemetery or crematory.					
Location	alay!	• • • • • • • • • • • • • • • • • • • •		injured at home, farm, industry, public place (where?)	
18. Funeral director	LEON	rank	Heuch)	Meens of Injury Injured at work?	
Address 53	32.6	Horn	Hord Cd	Osada quine	
111		-	0 - 60 0 1	23. SIGNATURE Isadore Tuerk, M.D. M.D.	or other
19. Date ref d by reg	19 7 3	4	Registrar		
(Date reg d by reg	istrar)	-	Registrar	Address Baltimora - 28, Md. Date signed	6, 1 f. by f. by 2

VS A15

MARGIN RESERVED FOR BINDING

The correct age

NS

2411 N. Charles St., Baltimore 742

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Sireet No. 23 Dernice avenue
For Howard Tellians Hospital	(If rurai, give LOPATION)
How long in hospital or institution?	2.(a) It veteran, name war. World Than
Wm. J. HYNSON	3. (b) Social Security Number
4. Sex 5. Cold or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DE DEATH 12 250 P.
S.(b) Name of husband or wife	21. I CERTIFY shat death occurred on the date above stated; that I altended decessed from
	11/23/45 10 10/2/24/45
7. Birth date of	and that I last saw h Land alive on 12/24/45 10
deceased (mo., day, yr.) april 2, 1896	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
49 8 25 hrs. min.	
9. Birtholace Elklon Coal County Ind.	Due to
(Town, county, and state)	
1D. Usual occupation.	Due to.
11. Industry or business Kuffy / aren	
12 Name Elser El Styrison	Other conditions
12. Name Elmer Ed Styron 13. Birthpiace Maryland	VIIII VIIIIIII
	(Include pregnancy within 8 months of death)
14. Maiden name Margarett 13. Narrett 15. Birthplace Maryland	Major fiadings of operations.
\$1 15. Birthplace Maryland	
16. Informant Mrs Davel A Jon Frogen	Antopsy results.
Address Morth Cast Maryland	PHYSICIAN: Please underline the cause to which desth should be charged statistically.
Address / Concast of dig and	22. VIOLENCE: 11 death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, While (Burial, Cremation, or removal, While (Month) (day) (year)	Accident, suicide, or homicide
asallino Thatian	
Cemelery or crematory	Whers did injury occur?
Location Cullins C Mary land	Injured at home, tarm, industry, public place (where?)
18. Funeral director though the al	Missis of Injury Injured at work?
Address 2101 trederick lower	Gotte (aptix
19. 12/24 19.45 aw Hedrick	23. SIGNATURE DO OF COME DO OF COME
(Date rec'd by registrar) Gd Registrar	Address

11977

2411 N. Charles St., Baltimore (145)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: County Balto. City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Balto.		
	State Md. County Balto.		
City or town Relsterstown			
(If outside city or town limits, write KUKAL and give nearest town)	City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 41 yrs			
Hospital, Institution, or street address where death occurred:	Street No. 29 Westminster Road (If rural, give LOCATION) None		
How long in hospital or institution?	3. (b) Social Security Number None		
3.(a) FULL NAME Clara C. Johnson			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Married	20, DATE DE DEATH Dec 26 1945 et 11:55 7		
B.(b) Hame of husband or wife. Harvey E. Johnson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-20 18.45		
7. Birth date of	end that I last saw here alive on 12-20 19.45		
deceased (mo., day, yr.) Aug. 22, 1904			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Jutia aldominal Hemorhage 7 ler		
41 3 28hrsmia.			
B. Birthplace Balto.Co (Town, county, and state)	Due to. Ruptured Tetermo 7 hors		
10. Usual occupation Housewife	Due to Pregnance 46 m		
	Due toV.		
11. Industry or business			
	Dther conditions		
13. Birthplace Balto.Cc.	(Include pregnancy within 3 months of death)		
14. Malden name. Frances Annie Burkett 15. Birthplece Balto.Co. Harvey E. Johnson	Major findings of operations		
15. Birtholece Balto.Co.	Date of op		
16, Informant Harvey E. Johnson	Rustures returno - Fretus in also		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Reisterstown, Md.	22. VIOLENCE: if death was due to external causes, fill in the following:		
Burial Burial Date thereof Dec. 24, 1945 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory. St. Lukes	Where did injury occur?		
	(City or town) (County) (State)		
Location Reisterstown, Balto, Co.			
18. Funeral director. J.F.Eline & Sons	Means of injury injured at work?		
Address Reisterstown, Md.	23 SIGNATURE D. D. Eaples M.D. Exam		
19. Dec 26 19.45 CARY B. F. Line (Date rec'd by registrar) Registrar	Address Pressuration and Date signed 12-22-4		

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death elements and

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BUKEAU V.B.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3350

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	U	(5.	\$ 1	8
	-	(3)	4	3

	Reg. Dist. No.	***************************************
1. PLACE OF DEATH: Cognity (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or streef address where death occurred:	Sireet No(If rural, give LOCATION)	••••••
	2.(a) If veteran, name war	
3. (a) FULL NAME Sarah & Johnson	3. (b) Social Securi	ity Number
Hemale Colored Married widowed, or divorced Hemale Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. CERTIFICATION 19. 19. 4.	5, at 9 A
6.(b) Name of husband or wife	and that I last saw h	eceased from 19 4 5
8. AGE: 6 Stears Months Days It less than one day	Immediate cause of death	DURATION Z
9. Birthplace Tout (Town, county, and state) 10. Usual occupation	Due to.	4-day
11. Industry or business 12. Name	- Dther conditions	
14. Malden name and Borens ' 15. Birthplace, M	(Include pregnancy within 3 months of death) Major findings of operations	
16. Interment to 12 Madison and	Autopsy results	***************************************
(Burial, eremation, or removal. Which?) Date thereof /2 -23 - 45 (month) (day) (year)		***************************************
Location Das Jacobs Co-Maling	Where did injury occur?	
18. Funeral director of the and Apartley Address 5 78 Wisingle	Means of Injury Injured at work? 23. SIGNATURE FLOYA T. HUASI	on, 211&
19. Date ce'd by registrar) Registrar	M. I	D. or other 20/4

The correct age

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

11979

Reg. Dist. No. 32

1. PLACE OF DEATH: County. City or town. City or town. City or town. City or town limits, write RURAL and give nearest town. Kow long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Malana County Dallacat City of town County County Dallacat (If outside city or town limits, write MORAL and give nearest town) Street No. 4/00 Column Road
How long in hospital or institution?	(If rural, givo LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or flyorced Walle Wall	and that I last eaw h
Completery or crematory. Musicus (Sear) Completery or crematory. Musicus (Sear) Location Davingtain Sa 18. Funeral directof search H. Mewell Address Tikewille, Maryland	Accident, euicide, or homicide
19. (Date ree'd by registrar) New Registrar	Dibia. Ne & ma

THE RESIDENCE OF THE PROPERTY OF THE PERSON OF THE PERSON

DEC 26 1945
BURLAU V.B.

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

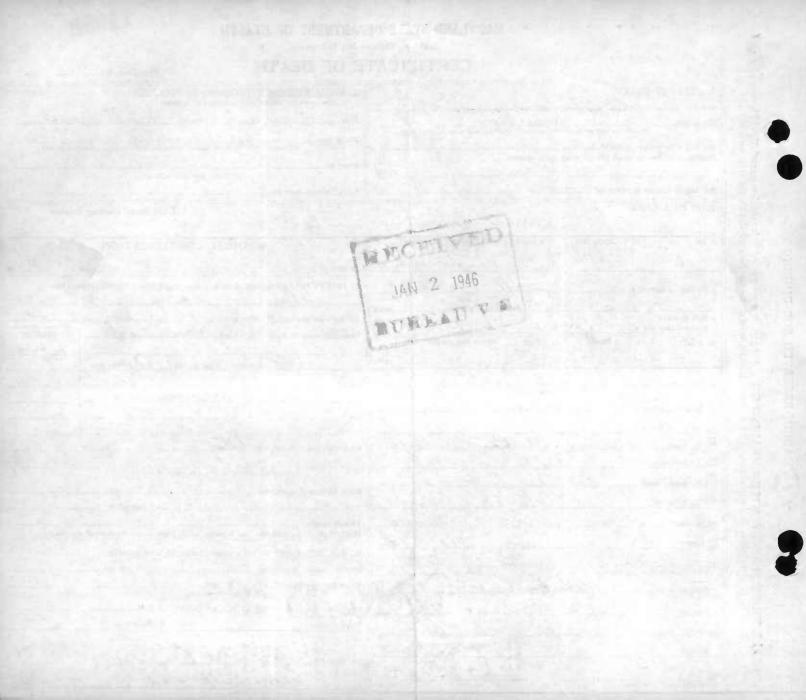
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	-	000	

	37
ow Dist No	01

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	
anne Brooks	1 Lelley 3. (b) Social Security Number
4. Sex F. 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. Date of Death 28 1945 at 2 P
6.(6) Name of husband or wife. When the street of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of decayed (mo day vr.) Lock 23 1858	and that I last saw h. C. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of deeth
87 - 8hrsmin	(Outronary Edema) 2 gra
9. Birthplace Belfast Salts Comment and atate)	Due to arterio allerosa -
10. Usual occupation.	Due to.
11. Industry or business	
12. Name Daniel B. Drovies 13. Birthplace Balta G. Md.	Dither conditions Sessitivity
	(Include pregnancy within 3 months of death)
14. Maiden name Sallie Enror 15. Birthplace Balto Co. Med.	Major findings of operations.
Mr. Com - a of me	Date of op.
16. Informant Mrs. Glarge F. Mays Address Cochesparille Ind	Antopsy results. PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17. Burial, cremation, or removal. Which) Date thereof. 12. 35 (year) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Butter Balto Co md.	tnjured at home, farm, industry, public place (where?)
() 1 m. B. I.	Means of injury Injured at work?
18. Funeral director	01.1 07 1
12-29 AF Wilmon C. Finger	23. SIGNATURE AND O. O. M. D. or other
19. 19. 45 Wilner C.Ensor Registrar)	Calana ill Med 1260 in

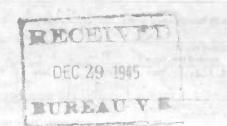
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore Marvland Baltimore Tow son (If outside city or town limits, write RURAL and give nearest town) carefully Lowson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: 14 W. Burke Avenue 14 W. Burke Avenue (If rural, give LOCATION) information of death of How tong in hospital or institution? 2.(a) if veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number PATRICK JOSEPH KELLY 4. Sox Male 5. Color or race B.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION Married White BINDING item o ee. 14, 145 11 3 Delia A. Hughes Kelly 21. I CERTIFY that death occurred on the date above stated: that I altended deceased from FOR T. Birth dale of November 11, 1875 deceased (mo., day, yr.) 8. AGE: Days If tens than one day MARGIN RESERVED Ireland Farmer 10. Usual occupation..... Retired 11. Industry or business Michael Kelly important. Ireland (Include pregnancy within 3 months of death) 14. Maiden name Bridget Shannon 15. Birthplace Ireland 16. Informant Mrs. Delia A. Kelly PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 12 W. Burke Ave. Towson, Md. 22. VIOLENCE: If death was due to external caunes, fill in the following: Date thereof Dec. 17, 1945 (mouth) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemelery or crematory New Cathedral Cemetery WRITE (County) Baltimore, Maryland tnjured at home, farm, industry, public place (where?) Mured al work? Means of Inhury EASE 18. Funeral director... Maryland Towsomi Addreso (Dute ree'd by registrar) Registrar

TOTAL STATE OF THE STATE OF THE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

11982 1/4

CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infents give residence of mother)
City or lown and (If outside city or town limp, write RURAL and give nearest town)	State County County County City or town August River
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 3
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) if veteran, name war
3. (a) FULL NAME Mary Kelmer	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Simple, married, widowed, or divorced Timale Solution Widow	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife. Henry Kelmer	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birlh dale of deceased (mo., day, yr.) 8. AGE: Years Months Days 17 less than one day	Immediate cause of death
88 8 24min.	Candles of Complianting 2006
9. Birthplace	Due to Manual Ma
11. Industry or business	Due to
12. Name Henry tredlein 13. Birthplace Germany	Other conditions
14. Malden name. Clinga Halkstone 1. 15. Birthologe	(Include pregnancy within 3 months of death) Major fiadings of operations
15. Birthplace dermany 5. Kelmer	Autopsy results.
Address 321 Homberg and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof 12/17/45 (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Western Localion Baltimore, Md.	Where did injury occur?
18. Funeral director. Wm. J. Tickner & Sons, Inc.	Meens of injury Injured at work?
Address North & Pa. Aves. Baltimore Md.	22 SIGNATURE Growing floodswarmy M. D. or other
19. (Date /ec'd by registrar)	ar Grand and willy

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

119835 Diat. No.

CERTIFICATE OF DEATH

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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VS A15

			CERTITICAL	L OI BLAIII	Reg. Diat. No	
1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
City or fown(It of the long in above place Hospital, institution, or	Catonsville outside city or town life of death?34y.(street address where d coveState.	eath occurred Hospi	URAL and give nearest town) 6. months. 19 days		re nits, write RURAL and give nea ital ive LOCATION)	rest town)
3.(a) FULL NAME	John L	ake			3. (b) Social Security	
4. Sex m	5. Color or race	6.(a)Single	s, married, widowed, or divorced single	MEDICAL 20. DATE OF DEATHDecember26	CERTIFICATION	, at 3 : 45 A M
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date June	above stated; that I attended decer 19. 11toDec26., Dec26.,	ased from 19.4.5
8. AGE: Years ? 63		Days	If less than one dayhrsmin.		Occusion	Sallen
9. BirthplaceMaryland (Town, county, and state) 10. Usual occupationlaborar.				Due to Cocons Cy	Arteries	
11. Industry or business bootblack, elevator boy 12. Name John Lake 13. Birthplace Maryland 14. Maiden name Rebecca A. INLOSE 15. Birthplace Maryland 15. Birthplace Maryland				Other conditions (Include pregnancy within	3 months of death)	Islehik
Address Catonsville, Baltimore - 28, Md.				Autopay results	which death should be charged	
17 Burial, cremation, or removal. Which (Burial, cremation, or removal. Which (month) (day) (year) Cemetery or crematory.				Accident, suicide, or homicide	n) (County)	(State)
1B. Funeral director Address	Willia	y Bay	of Jue.	Meens of Injury	tnlured at work?	
19. 12) 19K5 A-W. Hedrul (Date red d by registrar) 19K5 Diff, Registrar				23. SIGNATURE Isadore Tuerl Address Ealtimore - 28.		

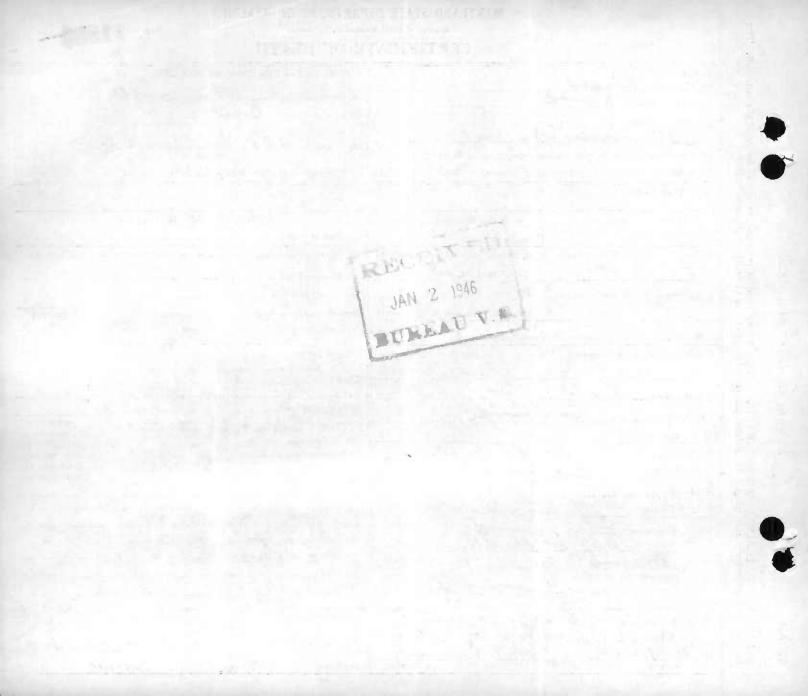
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No.

1. PLACE OF DEATH	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Dallo,	(a) State mili (b) County Balts.	
(b) City or town (If outside city or town limits, write RURAL and give town)	(c) City or town Cours	
(c) Street address, hospital or institution:	(If outside city or town limits, write RURAL and	d give town)
338 Stellwater Com.	(d) Street No. 338 Stellwater	me.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Lara Marie Lang		
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	20
No.	20. Date of death 2016 2 3 1945, at/2	PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated;	that I attend-
F. H. divorced armed	ed deceased from let 22 1945, to flet 2	3 1945
6 (b) Name of husband or wife John Lang.	and that I last saw hit alive on Less 23 19.45	
(b. (c) If alive, give age years	Immediate cause of death Soromany	Duration
7. Birth date of deceased (mo., day, yr.) nrv. 5-1892	-thrembois	Sudden
	Due to Asterio Selenotio Cardio -	
F2 1 10	- Usulm and with Houth	suil
00 18 hrmin.	Due to	
9. Birthplace Dalli Co.		
10. Usual occupation	Other conditions	
11. Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name ? Rothenbusher	Major findings: Of operations	Underline the
13. Birthplace	Of operations.	death should be
	Of autopsy	charged statisti-
14. Maiden Name	20.1(.)	cally.
\$ 15. Birthplace fermany	22. If death was due to external causes, fill in the followi	
16 (a) Informant the same	(a) Accident, suicide, or homicide	
(b) Address \$38 Stillwhter ore-	(b) Date of occurrence	
17 (a) Burial (b) Date thereof 12-27-45	(c) Where did injury occur? (City or town) (County)	(State)
(Burlal, cremation, or removal) (month) (day) (year)	(d) Did injury occur about home, on farm, industrial pla	
(c) Cemetery or crematory	place?While at work?_ (Specify type of place)	
Location	(e) Means of injury	
(b) Address 4 7 Castern for Colors	July Bleaning	1.11
17.10.1417 71 4 60 11.	23. Signature M. D. or o	other
19 (a) (Date rec'd by registrar) (b) Registrar	Address Sulto 6 MM Date signed	



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VS A15

. The correct age legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (468)

11985 Reg. Diat. No. 38

1. PLACE OF DEATH: County			AL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
			l Langdon	
4. Sex Male				MEDICAL CERTIFICATION 20. DATE DF DEATH
	d or wifeL		alive, give ageyears	21. I CERTIFY that death occurred to the date above stated; that I attended deceased from 19.45 to 19.45 and that I last saw h. 17.2. slive on 19.45 but I projectiate cause of death DURATION
8. AGE: Year	rs Mooths 83 9	Days	If less than one dayhrsmin.	Cascinoma of Stomach 6mos
9. Sirthplace Baltimore CO. Md. (Town, county, and state) Retired Agent 11. Industry or business Sun Life Insurance Co. 12. Name Charles H. Langdon Lise Baltimore Co. Md.				Due to
15. Birthplace	Bal Mrs. Rut	timore (S.P	Major findings of operations
17	rial n, or removal, Which?) lory	Bate thereof Lestern Edmon ckner &	12/18/45 (month) (day) (year) Cemetery ndson Aye.	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide

CERTIFICATE OF DEATH 1. PLACE OF DEATH CO. (a) Baltimore City, Maryland (b) Street address Lack (c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days).....

(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME

3 (b) If veteran, name war

3 (c) Social Security Account No. 2/2-05-5833

6 (a) Single, married, widowed, or divorque

6 (b) Name of husband or wife.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months If less than one day

9. Birthplace... (Town, county, and state)

10. Usual Occupation.

11. Industry or business

12. Name....

13. Birthplace

14. Maiden Name.

15. Birthplace

oudway. In an (b) Address 131

17 (a). (b) Date thereof Alle. (Burial, cremation, or removal)

(c) Cemetery or crematory

18 (a) Funeral director

2. USUAL RESIDENCE OF DECEASED:

(If outside city or town limits, write RURAL and eve town)

(e) Citizen of foreign country? If yes, name country.....

MEDICAL CERTIFICATION

21. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came Kees death on the day stated above, and death in my

opinion resulted from: natural causes , accident , suicide , homicide [], undetermined [] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary [] or contributing [] cause of death, fill in the following:

(a) Date of injury.....

(b) Where did injury occur)

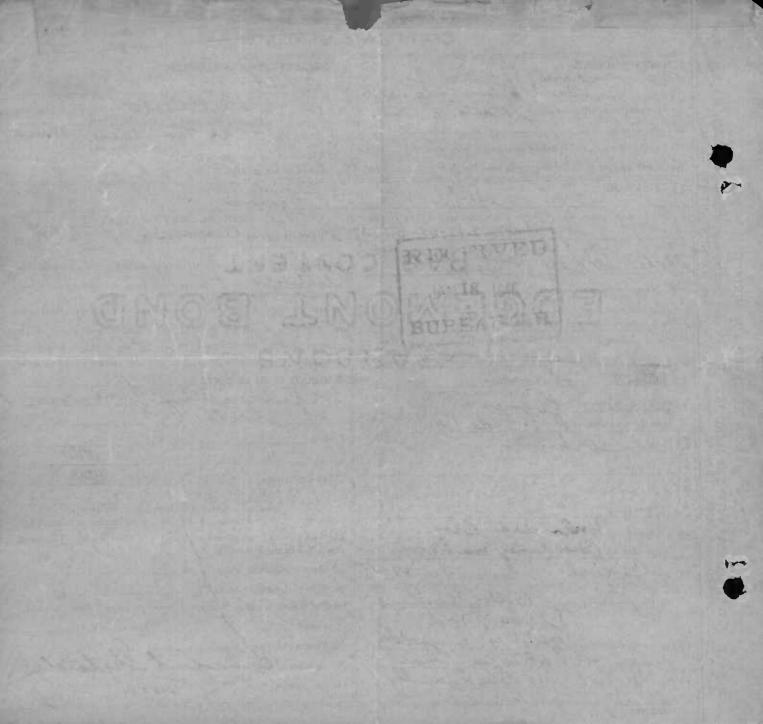
(c) Did injury occur at lume, on farm, industrial place, in public place?... While at work?

(d) Means of injury

VS 151

Location.

(Date rec'd by registrar)



PINDING

MARGIN RESERVED

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 9470
M M married	20. DATE OF DEATH Sec, 2 4 19 45 , at 7 19 45
6.(b) Name of husband or wife. Dorothy dee	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of	and that I last saw halive on
deceased (mo., day, yr.) May 3 1 1912	Immediate cause of death
8. AGE: Years Months / Days / If less than one day	Dullet wound thru'
3 3 hrsmln.	who Pr abamer and I muss
9. Birthplace (Town, county, and atate)	Due to AAAAA
1D. Usual occupation.	
11. Industry or business B. eth. Steel	Due fo
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Dther conditions
12. Name James d. Lee 13. Birthplace Johnston Ga,	(Incinde pregnancy within 3 months of death)
# 14. Maiden name mangaret Leightner	
14. Maiden name Mangaret Teightner 15. Birthplace Johnston Pa	Major findings of operations
16 informant who Dorothy Lee.	Antopsy results
Address 2 514 Lodge Forest Drive	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Surial Date thereof 12/29/45	22. VfOLENCE: If death was due to externat causes, fift in the following: Accident, suicide, or homieide.
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homieide. The Butter My
Cemetery or crematory. Oak Jawa	Where did injury occur? A the County (County) (State)
Location tastern ale, Rd. Esset 21.	Injured at home, Jarm, industry, public, place (where?)
18. Funerat director John II Connelly	moons or injury of the control of injures at work!
Address 418 Castern Wol. Essex 21	23. SIGNATURE
19 /2 /2 9 / 19 45 John & Connelly	assidely of the character of the order
(Date rec'd by registrar) Registrar	Address Date signed 2/0, 9/4 6.

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

				Tog, Diet Homman			
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)			
City or town For	t Howard,		RURAL and give nearest town)	Slate Maryland County			
				City or fown			
How long in above plac	e of death?QQ.\$ r street address where	dooth accurre					
			Md.	Sireet No. 4619 Reisterstown Rd. (If rural, give LOCATION) WW-T			
How long in hospital o	or institution?	lays		2.(a) If veteran, name war. WW-I			
3. (a) FULL NAM	IE			3. (b) Social Security Num	ober		
TREVOR A	ALYWNN LEW	TS		2 1 4 - 0 3	-12-18		
4. Sex	5. Color or race		gie, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	white	Mas	rried	December 10	12.00 P.		
	1			20. DATE OF DEATH December 19 19.45 at			
R (h) Name of hughans	or wife Marie	Lewis		21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from December 16. 19.45. 6 December 19.19.45			
7. Birth date of			(c) If alive, give ageyears	and that I last saw h im alive on December 19	1945		
deceased (mo., day,	yr.) March :	16, 189	93	Immediate cause of death	OURATION		
8. AGE: Year	months Months	Days	If less than one day		4 days		
52	9	3	hrs. min.				
			3				
9. Birthplace. SOL	th Wales,	Engla	nd	Due to			

10. Usual occupation.	Insurance	e agen	<u>t</u>	Oue to.			
11. Industry or busine	ss				0		
		is					
12. Name		m					
				(Include pregnancy within 3 months of death)			
14. Maiden name	Amelia Bal	ker		Major findings of aperatians.			
TO!	England						
			Vets.Adm.	Antopsy results			
Address For	rt Howard,	Md.					
			12-72-416	22. VIOLENCE: If death was due to external causes, fill in the following:			
17(Burist crematio	on, or removal. Which	Date fhe	ereof (mont) (day) (year)	Accidenf, suicide, or homicide			
	top Wood		on leemetern	Where did injury occur?			
Cemetery or crema	100	office of the	B +1-0 1. 01				
Locallon	oodfan	un	and co. mas.	Injured et home, farm, Industry, public place (where?)	*******		
	Lori	1 60	ruera.	Means of Injury Injured at work?			
	- 11	16		att. All whacks			
Address 5	305 AT	N /	Johns me.	TO BE THE SECOND OF THE SECOND	TO BE THE STATE AND THE STATE OF THE STATE O		
11/	- 115	- 6	101 Helsiel	23. SIGNATURE 1. A. CHARDS, MAJOR, M. C. AUT. CLLL Veterans Administration M. D. or o	ther		
19. (Date rec'd by r	20 19 KJ		Registra	The day 77 3 363			
Dero reck ny r	V = + - + 4 = 4 + 1			NATIONAL MARKET			

VS A15

C. Supply every item of information carefully please write the causes of death elearly and

ADING INK.
Physicians: 1

WITH UNF!

WRITE PLAINLY,

PLEASE

19. (Date rec'l by registrar)

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714-03-1258

The correct age

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death elembrand legi-MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important. 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Rag. Dist. No.	3 00 0 0 m	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or lows (If outside city or town limits, write RURAL and give nearest town)	State County County		
	1		
How loog in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)		
550 Landerstand State of State	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced			
4. Ses 5. Color or race 6.(4) Single, married, widowed, or diverced	MEDICAL CERTIFICATION		
Two willowed.	20. DATE OF DEATH. Dec 25 19.45 at 33	A	
6.(U) Name of husband or wife for the control of th	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from		
	Sept 10.45, 10 Dec 25 19 45		
7. Birth date of deceased (mo., day, yr.) Pec 19 1876	and that I fast saw h. Q. aliva on Dec 2.4. 15.		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
69min.		7	
8. Birthplace. Indiana Canadi.	Duo to Chronic Interstellal	• • • • • • • • • • • • • • • • • • • •	
(Town, county, and state)	regentie - 27	no.	
10. Usual occupation	Bue to Dellates mellele: ?		
11. Industry or business would left.		**********	
E 12. Name	Other conditions James and district		
El 13. Birthplace Manage.	(Include pregnancy within 8 months of death)		
14. Malden name	Major findings of operations.	*********	
X 15. Birthplace McCollege .			
16. Informant of Colored State	Autopsy results.		
Address 2010 eles torene Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial, cremation, or removal, Which?) Date thereof	22. VIOLENCE: If death was due to esternal causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?		
Location About 1	Injured at home, farm, industry, public place (where?)		
18. Funeral directal de la la lacada de lacada de la lacada de lacada de la lacada de la lacada de lacada delacada de lacada delacada de lacada de lacada delacada delacada de lacada delacada delacada delacada delacada delacada delacada delacada delacad	Means of Injury Injured at work?		
Address Catousville 9Mg	23. SIGNATURE A. P. Vas Schullund		
19. 2-28 19. 45 Harry Andleller (Date rec'd by registrar) (Date rec'd by registrar)	Address # 818 Elmondon On Rie signed 12/27.	145	

VS A15

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Dec 19 1874 Inf he. Res. Explice to Last having there 1/9/46 Al JAN 2 1946 BUFFAU

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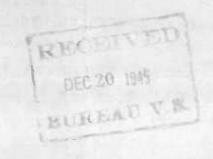
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9270

11990

1. PLACE OF DEATI				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
•						
City or town	de city of town	limits, write R	URAL and give nearest town)			
How tong in above place of the Hospital, institution, or stre			•	City or town		
			001-000-1-0000-0000-1-1-1-1-1-1-1-1-1-1			

3. (a) FULL NAME						
W-3A	W .					
4. Sex Walter	Color or face	6.(4) Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
M	•	Me	arried		0-45 19 at 10, 40Am	
	3.5					
6.(b) Name of husband or v	vifeMars	eret.	Lynn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of		6.(c) If alive, give ageyears		2 9 1943	
deceased (mo., day, yr.)			1885	Immediate cause of death.	OURATION	
8. AGE: Years	Months	Days	It less than one day	Chronic Valrula	u Heast ?	
60	*	*	min.	Succession		
9. Birthplace	arvland	1	tate)	Due to		
10. Usual occupation	rarm1	rsponer	<u> </u>	Oue to		
1t. Industry or business ∝ I		7 .		***************************************		
12. Name		nknowi	ā	Other conditions		
13. Birthplace		**		(Include pregnancy within 3	months of death)	
14. Maiden name				Major findings of operations		
15. Birthplace		11			Date of op	
16. InformantMa.m.	anat I					
Address Gran		0		PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
			. 10-19.46	22. VIOLENCE: If death was due to external ca		
17. Bunta			of 12-13-45 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Cherry	, Hill		Where did injury occur?		
Location Gran	nite, Mo	3		injured at home, farm, Industry, public place (where?)		
18. Funerat director F			DIA.	Means of injury	injured at work?	
				2-0-	Tag -	
Address E.L.	icott (23. SIGNATUBE	Marlum M. D. or other	
t9. Date rec'd by registr	1940	The	- E. Martin	Pand all stone		
(Date rec'd by regists	rar)		Registrar	Address Address	Date signed Dec 10 45	



2411 N

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 42

CERTIFICATE OF DEATH

Dist No 44

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
			AL and givs nearest town)			
How long in above pla	ce of death? 40	days	AL and givs nearest town)			
	or street address where		2 2 2 2 2	Street No. 127 Maffitt Street		
			d, Maryland	(If rural, give LOCATION) W.W. I 3.(b) Social Security Number		
		days				
3. (a) FULL NAI						
	JOHN H. MA					
4. Sex	5. Color or race		arried, widowed, or divorced	MEDICAL CERTIFICATION	ON	
Male	White	Sir	ngle	20. DATE OF DEATH December 29	45 9:05A	
6.(b) Name of husbar	nd or wifeSin	gle		21. I CERTIFY that death occurred on the date above stated; that I allen No vember 20 1945 to Dece		
7. Birth date of	*************	8.(c) If	alive, give ageyear	and that I last saw h im alive on December 29		
deceased (mo., da)	y, yr.) Septem	ber 2, 18	886	Immediate cause of death		
8. AGE: Yes	ars Months	Days	If less than one day	Bronchogenic Carcinoma.rt.lung		
59	3	27	hrs,min.		The second second	
9. Birthplace	Elkton, Ma	ryland county, and state	e)	Due to	***************************************	
10. Usual occupation	Laborer			***************************************	***************************************	
1t. Industry or busin				Due to		
		or				
	England	×1		Other conditions	***************************************	
				(Include pregnancy within 3 months of death)		
14. Malden nam 15. Birthplace				Major findings of operations		
E 15. Birthplace	lew Jerse	У		Date of c		
16. Informant Cli	nical Reco	cds		Antopsy results	,,,.,	
Address Vet	s.Adm.Hosp	Ft Howar	rd. Md.			
- 173			1	22. VIOLENCE: If death was due to external causes, fill in the followin		
(Burial, cremati	on, or removal. Which	4	(month) (day) (year)			
Cemetery or crem	atory	has		Where did injury occur?	(State)	
Location	84	Elen		Injured at home, farm, industry, public place (where?)	,	
		- 9	1	Misans of Injury		
19. Funeral director	24. W. O	1.1		AS. CAMAROUXON		
Address Elklon md,				23. SIGNATURE A. M. BALTER, LT. COL.	16.C.	
. Dec. 2	9 45	· Oak	H. Granell	CITRITOAT DIPERCENCE	M. D. or other	
(Date ree'd by	registrar)	0	Registra	Address Fort Howard Nd. Date signed 12/29/45		

JAN 3 1946 PITPEAU V B correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 793

CERTIFICATE OF DEATH

ag Dist No 4

1. PLACE OF DEATH: Bal timo re	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
VVVIII7	3633
City or town ESSEX (If outside city or town limits, write RURAL and give n	earest town) Rocay
How long in above place of death? Lile	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. IOO6 Essex Avenue
How long in hospital or institution? No ne	(If rural, give LOCATION)
	2.(a) If veteran, name war None
John P. Maldeis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed,	or divorced MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH December 14th, 19 45 at 12:15
B.(b) Name of husband or wife Elizabeth Sigrist	21. SERTIFY that death occurred on the date above stated; that lattended deceased from
B.(b) Name of husband or wife	(D) april 1945 to alec 14 1945
7. Birth date of	and that I last saw h Manalive on Albert 4 1945
deceased (mo., day, yr.) May IIth, I882	Immediate cause of death Coronary DURATION
8. AGE: Years Months 7 3 If less than one	day This min. Suddler
Baltimore County	. arteris - I levotio
9. Birthplace	Due to Charles Jumples Assence
10, Usual occupation Retired brakeman	
11. Industry or business Back River & Pataps	sco R. R. Due to
	Other conditions.
E 12. Name Herman Maldeis 13. Birthplace Germany	
	(Include pregnancy within 3 months of death)
E1	Major findings of operations
	Date of op.
16. Informant Miss. Catherine Maldeis	
Address 1006 Essex Avenue, Balto	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
Burial Burial [2/] (Burial, cremation, or removal, Which?)	
Cemetery or crematory Oaklawn Cemetery	Where did injury occur?
Eastern Avenue	Injured at home, farm, industry, public place (where?)
18. Funeral director. George J. Ruth, Inc.	Means of Injury / Injured at work?
18. Funeral director 1735 Harford Avenue	16 SUM
Address 1705 nariord avenue	1 1 D23 SIDNATURE M. Sammandardine
12/15 Was Qual	M. D. or other
(Dato ref'd by registrar)	Registrar Address Sulla 6 Mus Date signed 2-14-9

MARYLAND STATE DEPARTMENT OF HEALTH

correct age

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore (93-d)

			CERTIFICAT	Reg. Diat. No	+ +		
1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Dal CI	.IIOI 6						
City or town FOr	t Howard	limite write L	RURAL and give nearest town)	State Maryland County	*************************		
Un out	129	davs	COLAL and give hearest town)	City or town (If outside city or town limits, write RURAL and give nea			
Hospitat, Institution, or si	reet address wher	e death occurre	d:		rest town)		
			rd, Maryland	Streel No			
			······································	2.(a) if veteran, name war SAW RETIRED			
3. (a) FULL NAME	nstitution?A.A.	wuay.s					
3. (a) PULL NAME				3. (b) Social Security	Number		
FRANKLIN M				None			
4. Sex	5. Color or race	6.(a)Singi	le, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	Sing	rle	2B. DATE DF DEATH December 10 1845	. 7:15 A		
				T. T			
				21. I CERTIFY that death occurred on the date above stated; that I attended decea August 5, 1945 to Dec. 12			
T. Birth date of		5.((c) If alive, give ageyears	and that I tast saw h im ative on December 12.	1945		
deceased (mo., day, yr.)	June 1	7, 1851		Immediate cause af death	DURATION		
8. AGE: Years	Months	Days	If less than one day	Disease of the Heart	unknown		
88	5	X 2	3min.	Hypettension and corcnary arterio-	***************************************		
Mon	brelsr			xxx sclerosis, myocardial insuf-	***************************************		
9. Birthplace Mar	Y Tally (Town	n, county, and	atate)	ficiency, auricular fibrillation	*************************		
an send according U	nemplove	d		licioney, auricular libriliacion			
10. Osesi oceabation				Due to	***************************************		
11. Industry or business							
H 12. Name Char	les Mart	in		Other conditions Cerebral hemorrhage	4 mos.		
13. Birthplace Ma				Hemiplegia, left Bronchopfield normany within 3 months of death)	4 mos.		
				Bronchopheumonia within 3 months of death) 9 days			
E 14. Maiden name	acheal G	oodwin.		Major fiadings of operations.			
14. Maiden name. R 15. Birthplace	aryland			Date of op.			
18 brown Clinic	al Recor	ds. Vet	s. Adm.	Autopsy results.			
Post	Howard,			PHYSICIAN: Please underline the cause to which death should be charged			
Address	noward,	Maryre	and				
17 Burio	el	Date ther	reof 17-12-45	22, VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, c	or removal. Which	(1)	(month) (day)/(year)	Accident, suicide, or homicide			
Cemetery or crematory Hereford Baptist			Edfish	Where did injury occur?			
0111	11 to	1, 0	ud.	tnjured at home, farm, industry, public place (where?)			
Location L. C.	gar you	At of		Means of injury / Injured at work?			
1B. Funerat director	- ACC	245	20012				
Address & 6	ne Ls	MIN		at annate			
Audress	erou,	a co	017.	28. SIGNATURE A.M. BALTER, LT. COL. M. C. CLIN M. D.	• DIR.		
19. Dec. 11	194	1- 1	Burgaya. Tarber				
(Date rec'd by regis	strar)		Registrar	Addres Vet - Adm - Fort Howard, Md - Date signed 1	2-12-45		

DEC 15 1945

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 D

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State State Sounty Walla
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex Solor or raco 6.(a) Sing & married, widowed, or divorced married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH LE ENGLE 25 19 45 10 P
S.(b) Namo of husband or wifo	21. CERTIFY that death accurred on the data above stated: that I prionded deceased from
	213 1944 10 Alec . 65 19194
7. Birth date of deceased (mo., day, yr.) Anly 10 - 1873	and that I last say have on 19.72
B. AGE: Years Months Days It less than one day	Papture y Esoplageal Zday
Ma A.	artificialization (Leart
9. Birthplace (Town, county, and state)	Disease with De- 14
10. Usual occupation	Duo to Concheusation
1. Industry or business	
12. Name 13. Birthplaco	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Sasar Manyor 15. Birthplace Mike	Major findings of operations.
E 15. Birthplace	Oato ot op
6. Informant / Mm. / Last	Autopsy results.
Address Ande Madi	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial cremation, or removal, Which?) (Burial cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or crematory. (month) (day) (year)	Where did injury occur? (City or town) (County) (State)
E + air- med.	(City or town) (County) (State)
Clarent T allen	Megae-al injury Injured at work?
18. Funeral director.	- LADO 1 59/11 20 20
Address ONR MIX	23. SIGHOTHER STATE OF THE STAT
De 26 45 () Quelles	M. D. or other

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Ade. Disc to
1. PLACE OF DEATH: Q - 0-tag	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town Johnson	State County of County
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	II II ALAN AND IN IN IN
mospital, institution, or other auditor maste auditors	Street No
How long in haspital or institution?	2.(g) It veteran, name war
3. (a) FULL NAME	
Margaret anne Mat	3. (b) Social Security Number
4. Set 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
II. 6 married	20. DATE OF DEATH Dec 20 1945 at 730 A M
Jasafela La Dougetthe com	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(b) Hame of busband or wife.	
	19 10 19
7. Birth date of deceased (mo., day, yr.) (8) 18 2 nd 1877	and that I last saw h
8. AGE: Years Months Days If less than one day	The state of the s
68min.	mayorasotitis, with becompensation 12 yes ?
Que la Cald and la las du	
8. Siriholaca (Town, county, and state)	Due to Aupentenien
10. Usual occupation Housenvile	
	One to titeraschiory luk.
11. Industry or business	0814
12. Name (ALL) 11. Name (ALL) 12. Name (ALL) 13. Sirthplace	Other conditions Chapter That C
	(Include pregnancy within 8 months of death)
14. Maiden name MANAANEK	
14. Malden name MARATER To	Major findings of operations.
13. Biringlace	
10. Informant	Autopsy results
Address MAR KA 11. Jowson Hills	22. VIOLENCE: If death was due to external causes, fill in the following:
12 Burkal Date thereof 1d - 23 kg Ho	
(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory I Caraly Comments	Where did lojury occur?
Location Lowson M. a.	Injured at home, farm, industry, public place (where?)
Relativest to some St. W. S. alex	Means of Injury Injured at work?
18. Funeral director Management of the State	(DII. DII I IM THE
Address of Summer of Dally to Free	123 SIGNATURE Solling. Aughton 4. UME.
18. Dec 22 18 45 Typy shall lawform	M. D. fr other
(Date rec'd by registrar) Registrar	Address Date signed 70/43

MARYLAND STAIR DIPARTHUNC OF BEATH CERTIFICATE OF DEATH



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 154)

CERTIFICATE OF DEATH

Date signed

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County County	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give pearest town)	State County		
How long in above place of death? The Court of the Court	City or town Dundally 22 Gray Mass	01,	
Hospital, Institution, or street address where death occurred;	(If outside city or town limits, write RURAL, and give nearest town)		
32 Lambardi Dr	Sireet No.	•••••	
How long in hospital or institution?	(If rural, give LOCATION)		
	2.(a) If veteran, name war	********	
3. (a) FULL NAME authory Charles 71	1 augusti, 3. (b) Social Security Number		
4. Sex 5. Color or gace 6.92) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Malo White Seriele	1002	255	
may may .	20. DATE OF DEATH	P	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
		}	
7. Birth date of O 1911	and that I last saw halive on	}	
deceased (mo., day, yr.) R AGF: Years Months Days If less than one day	Immediate cause of death	ATION	
8. AGE: Years Months Days If less than one day			
hrs,min.			
8. Birthpiace Balto, Ca	Due to fremature	************	
S. Birthpiace (Town, county, and state)	00 10		
10. Usual occupation	and the state of t		
11, Industry or business	Due to		
12. Name Centlyny Maywith			
The state of the s	Dther conditions	***********	
ità. Birthpiace	(Include pregnancy within 8 months of death)		
14. Maiden name/Illtesime facilies 15. Birthplace 17. 12.	Major findings of operations		
E t5. Birthplace 21. 21.			
P. H. Man. 1.	Date of op.		
16. Informant Mulling Many	Autopsy results		
Address 32 Lambardy. Sy.			
13 Brancial Comme 13 4 45	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory facult trast of many	Where did injury occur?		
Bult-el Man	The same and the s		
Location John John John John John John John Jo	Injured at home, farm, Industry, public place (where?)		
18. Funeral director flance of Brandsmake	Means of Injury Injured at work?		
Address (40 7 Eastern Rev Rd	23. SIGNATURE MARQUESTIE M.	V.	
19 plac. 4 19 45 John B. Cornelle	Doote Malein Ma prother	-0-	
(Date rec'd by registrar) Registrar	Address A a Bater signed 4-1		

Address.....

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Call Taring	(The) And It.
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	(if outside city or fown limits, watte RURAL and give mearest town)
Hospital, Institution, or street address where death occurred:	
# 3 Open Tream Rr	Street No. 2 (If rural, give LOGATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
ma - 1/2 mch	3. (b) Social Security Number
Merrison Janey 111 10	213-09-0571
4. Sex 5. Color or race 6.(a) Single, married (Midowed, or divorced	MEDICAL CERTIFICATION
male Mula Marriet	20. DATE OF DEATH Dee 14 19 45 at 25 M
& (h) Hama of husband or with Herse L We Lowan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
U.(V) Relife of Respect of Wife-	19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 4 ct. 9, 1880	
8. AGE: Years Months Days It less than one day	Immediate cause of death
65 2, 5	1 branges relugion 12
	The state of the s
9. Birthplace (Town, county, and state)	Due to.
1788-511046	
1 al 0 1 1 1 A- 0	Due to
11. Industry or business Bethelehen Stell	
E 12. Name/ Mchael Jensy Mc Jowan	Other conditions
\$ 13. Birthplace frenton 7.9,	(Include pregnancy within 3 months of death)
14. Malden name Lanka Pittingan	
	Major findings of operations
15. Birthplace Johnstown M. J.	
18. Interment Miss Dreve J. Miss Jawan	Autopsy results.
Address 36 Kinship Rd. Dundalk M.	PHYSICIAN: Please underline the cause to which death should be charged statistically,
B	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remove). Which?) Date thereof R (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory It. Julius Classetess	Where did injury occur?
E an' 1 1 0' 1 1 1	
Location Collison that	Injured at home, farm, Industry, public place (where?)
18. Funeral director Caston Sons	Means of Injury Injured at work?
Address 608 Finederick Ane Patons D.	ud (house - 2 -
Audios 000 ginements wm, nonsil	23. SIGHATURE / MCOassing B.D.
19/20.15. 1945. Dawsm J. Hard	Dept medicaph prother
(Dato rec'd by registrar) Registrar	Address Date signed

TITE SEE SO STREETH FROM

DEC 18 1945 SUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

	38
leg. Dist.	No

OK !

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Palfonna	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
	City or town
How long in above place of death?	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Catherine Me	I Jale 3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I Ir Jungle	20. DATE OF DEATH Dec 3 19.45, 1620 P.M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husbaod or wife	Jan 18 2 10 12 - 3 19 45
7. Birth date of Years	and that I last saw here alive on Dec 3 1944
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	
apr 12 - 1hrsmin.	Cumonary Copenia 12-54.
9. Birihplace / 71 - Va	Oue to
9. Birihplace (Towo, county, and state)	Trumonia, worth, 11/27/4
10. Usual occupation.	Due to
11. Industry or business	arteris schronia Cerebral (142
12. Name. Gatacet The I tale 13. Birthplace Fulant	Other conditions & Lenewal leuky
13. Birthpiace Auland	
	(Include pregnancy within 8 months of death)
14. Maiden name. Many Jaken. St. 15. Birthplace Jukanny	Major fiedings of operations.
15. Birthpiace	Dale of op.
16. Informant	Antopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Durial Oate thereof 1/2/41	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemelery or crematory	Where did Injury Occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Tabley Tana	Means of Injury Injured at work?
1318 hadde -1/h	B T. B. 1.
Address	23. SIGNATURE / Precurell a Alaux
19. 12/3 19 4 Chopedyyk	Protosino ma
(Unteredd by registrar) Registrar	Indirect Date signed

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

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	•		
1. PLACE OF DEATH: Bultimory	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town 3012 Ritchie Ave Hallmust Junt 19. (If outside city or town limits, write AURAL and give nearest town)	State Maryland County		
	City or town Edgemera. (If of uside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Street No. 3012 Ritchie Ave		
***************************************	(If rural, give LOCATION)		
Now long In hospital or institution?	2.(a) If veteran, name warNONO		
3. (a) FULL NAME	3. (b) Social Security Number		
QGEORGE H. MCKINNEY			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	20. DATE OF DEATH. DECEMBER 8, 1945 19 21 / 1		
8.(6) Name of husband or wifeED.I.THANNAMOORE	21. 1 CERTIFY that death occurred on the date above stated: that I attended deceased from		
	A E 1 2 3 - 19 4 2 10 DEC 8 - 19 4 5		
7. Birth date of deceased (mo., day, yr.) MAY 22 s. 1890	and that I last saw & AMM. alive on 19.73		
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION		
55 6 16hrsmin.			
9. Sirihplace	Due to Myrcas de al diguer ation hoof vina		
10. Usual occopation YARD MASTER	- Agricultural and a second and		
	Due to Bling Burgers		
11. Industry or business P & B R.R. Co.	McChange H on y Visall 3/2 your		
12. NameWilliam.H. McKinney	Supplying Later at affects of spinal		
	Ord (figure to energy with the read states of the self		
14. Malden name Mary J. Shirer 15. Birthplace Georgia	Major findings of operations.		
16. Interment Elwood F. McKinney	Autopsy results		
Address 3012 Ritchie Ave, Edgemere, Md.			
II.B. urial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) Cemetery or crematory. Oaklawn Cemetery			
	Where did injury occur?		
tocation Baltimore, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director WILLIAM J. TICKNER AND SON S.	Means of Injury Injured at work?		
Address NO. AND PA. AVES BALTIMORE, 17, MD.	Dawson J. Karbu		
10 DEC 9- 1045 Dawon J. Farter	23. SIGNATURE M. D. or opholy 1/1		
(Date rec'd by registrar) Registrar	Address / farrows om (1711 quate signed 1993		

RECOUNTED DEC 11 1945 STREAD TE.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

eg. Diat. No. 3/1)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County.	The Collins		
City or town (if outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death?	(If outside city or town limits, write RURAL and give gearest town)		
Hospital, Institution, or street address where death occurred	Street No. Coving mills P.O.		
Chris Mills (20.	Af rural, give LOCATION)		
How long in hospitator institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Robert H. Mr. Lane			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m It Single	20. DATE OF DEATH Dec 5 1945 16.30 A M		
	21. I CERTIEY that death occurred on the date above stated; that Nationaled deceased from		
8.(b) Name of husband or wife	hor 20 21845 10 Nec 15 1945		
7, Birth date of	and thet I last saw have alive on Dec 4 19 45		
deceased (mo., day, yr.) July 1 1855	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Comory reclusion		
60 5 5hrsmin.			
Laborer	Mars on diti-		
9. Birthplace	Due to.		
10. Usual occupation			
10, 00uul 00upul ou	Due to Concession and the conces		
11. Industry or business			
12. Name Tank 13. Birthplace Md.	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Temelia Fedicay 15. Birthplace M. C.			
6	Major findings of operations.		
E 15. Birthplace	Date of op.		
16. Informant Miss. Mary J. Me. Lane	Antopsy results		
Address 217 no Lugarere Ceve.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.		
B. 1 - 1 80 7.194.5	22. VIOLENCE: tf death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Aard's Chaptel	Where did injury occur?		
Batte De	Injured at home, farm, Industry, public place (where?)		
Location	Reans of injury Injured at work?		
18. Funeral director	means of many miles at works		
Address Syspanille, Md.	h & m t		
121-1-20 M+	23. SIGNATURE M. D. or other		
19, 17 (Date/rec'd by registrar) 1942 Trans Registrar	Addres and allatrum Date signed 12/27 4 5		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

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4	100	100				-	
CFR	TI	FIC	ATF	OF	DF	ATI	4

Reg. Dist. No.

Date signed 12/3/40.

County	Baltimore	•••••	*	(For newborn infants give residence of mother)		
How long in above place Hospital, institution, c	e of death?r street address where	death occurre	EURAL and give nearest town)	Street No. 208 E. 3rd St. (Ifrural, give LOCATION)		
3. (a) FULL NAM		Eulali	e Swinton Mc Leo	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	white	Widow		20. DATE OF DEATH DOCEMBER 3 1945	- 2:00 A	
	Ion 9		tus c) If alive, give ageyear 366	21. I CERTIFY that death occurred on the date above stated; that I attended dece NOIVOITTOOMIA, 45 to POCOITATE and that I last saw h. 45 alive on POCOITATE	2 1945	
8. AGE: Year	s Months	Days	It less than one day	Immediate cause of death		
7:	9 10	8	hrsmln	Apoplexy	8devs	
9. Birthplace lliamston Springs So. Carolina (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name Hugh Ralth Swinton 13. Birthplace S. C.				Due to	Om K.	
14. Malden name Martha Vincent				(Include pregnancy within 8 months of death) Major findings of operations		
101 01111911100				- Date of op	*******************	
18. Informant M.T.a	John Mc. F	all		Autopsy results		
Address	Ruxton Md			PHYSICIAN: Plesse anderline the cause to which death should be charged	statustically.	
	oval n, or removal. Which?) ory Savanna		not 12/3/45 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Location		*************		Injured at home, farm, Industry, public place (where?)		
18. Funeral director	William J.	Tickn	er & Sons	Means of Injury Injured at work?		
	h & Pennsy			23. SIGNATURE John & Green,		
19. /2/3 (Date reckl by re	319 egistrar)	a	W Hedgel	Address Louising M. D. Bate signed		

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS A15

The correct age

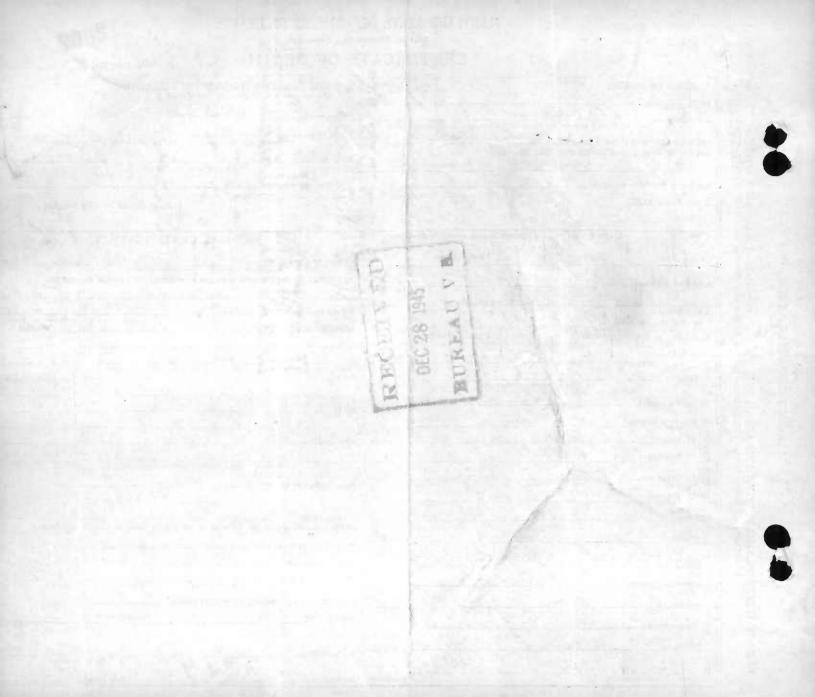
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16407

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME (Inna) Meye	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female White Married B, (b) Name of husband or wife Clines Frank Meyers	20. DATE OF DEATH ACCURRED 20, 1945 19 at 5:00P M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of , (c) It alive, give age	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
28 / 15hrsmin.	Sur. d.
9. Birthplace Cown, county, and state Cown, county, and state	Due to. Due to. Due to. Diher conditions Cellar Eerleuge
14. Malden name Affiliation of Stands.	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Clinic Frank Meyers	Autopsy results
Address 1306 Stevens ave Grbutus	22. VIOLENCE: If death was due to external causes, till in the following:
17 (Burial, cremation, or removal, Which?) Date therebt (month) (day) (year) Cemetery or crematory.	Accident, suicide, or homicide
Location	Injurged at home, farm, industry, public place (where?) Means of injury fun cellar Century Injured at work?
Address 2101 Ledenick ave. Ballo In	a for the farmer
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address 070 Leed Date signed 2-20-80



1200332

Address Spring Grove State Hospite ligned 12-15-4

CERTIFICATE OF DEATH

			CERTIFICAT	Reg. Diat. No	<u> </u>		
1. PLACE OF DEATH: Results Raltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Catanamilla 80				State Maryland County			
III outside city of town names, write reducted and give nearest town)			URAL and give nearest town)				
How long in above pla	ice of death?	5 days		City or town Baltimore (If outside city or town limits, write RURAL and give			
Spring	Grove Stat	e Hosp	ital		Streel No. 3601 Lucille Ave.		
				(If rural, give LOCATION) 2.(a) If veteran, name war			
		ya.j.o.	***************************************				
3. (a) FULL NA Will	iam Meyers			3. (b) Social Securi	ty Number		
4. Sex	5. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	Sing	le	2D. DATE OF DEATH. December 15 , 19.45			
				21. I CERTIFY that death occurred on the data above stated: that I attended de December 10, 145 to Decembe	r 15 ₁₉ 45		
7. Birth date of			e) If alive, give ageyears	and that I last saw im alive on December 15	19.45		
deceased (mo., da			1885	Immediate cause of death	DURATION		
8. AGE: Ye	ars Montha	Days	If less than one day				
60	?	?	hrsmin.	Myocardial insufficiency	indef.		
9. Birthniace. R	ussia (Town.			Due to	*****		
	(Town,	county, and	state)	Arteriosclerotic cardiovascular-			
	Boilerma		***************************************	Due to renal disease	indef.		
	ess Maryland				*****		
12. Name Abraham ?				Other conditions Pulmonary oedema	5 days		
12. Name Abraham ?							
H 14. Majden name. Jennie Kretzman				(Include pregnancy within 8 months of death)			
14. Maiden nam 15. Birthplace		***************************************		Major findings of operations			
				Date of op			
16. Informant. HO	spital Reco	ras		Autopsy results	ad atatistically		
Address Catonsville 28 Maryland			land		ee statuscasy.		
17 Bund Date thereof Dec 17/45			an Dec 17/45	22. VIOLENCE: tf death was due to external causes, fill in the following:			
(Burial, Cremation, or removal, Which?) (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Balland				Where did injury occur?(City or town) (County)	(State)		
Location P	w			Injured at home, farm, Industry, public place (where?)	• • • • • • • • • • • • • • • • • • • •		
	1.0	411	eres on & Bre	Means of Injury Injured at work?			
18. Funeral director		7	n H	HI MINH	70		
Address // 24-26 W Make cur			Land William	23. SIGNATURE WELLINGT. M.D.	D. or other		
19				Address Spring Grove State Hospital lign	1.2-15-45		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

DEC 18 1945

MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 93-2 CERTIFICATE OF DEATH 1. PLACE OF DEATH: How long in above place of death?..... Hospital, Institution, or street address there death occurred: information care of death clearly How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i BINDING 20. DATE OF DEATH 21. I CERTIFY that deeth occurred on the date above stated; that I ettended deceased from ADING INK. Supply ever Physicians: please write 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: Months // Days 10. Usual occupation. 11. Industry or business 12. Name. WITH UNF important. 14. Maiden na 15. Birthplace Major findings of operations..... PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur? (Gity or town) Cemetery or crematory Injured at home, farm, Industry, public place (where?) ... Means of Injury 18. Funeral director EASE 23. SIGNATURE

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother). (If outside city or town-limits, write RURAL and give nearest town) (If rural, give LOCATION)

DURATION

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Injured at work?

DEC 18 1945 SUREAU V.S.

Registrar

The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH (**) 12006 &

OPPRIEIGIES OF DEIRI

CERTIFICA	IE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County Sulfragnore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For number infants give residence of mother)	
City or town	State County	
(If outside city or town limits, write KURAL and give nearest town)	City or town Jacobs City or town limits, write RURAL and give near	
How long in above place of death?	, , ,	eet town)
Hospitali, Historiani, el stroct addition historiani, sectioni	Street No. 2/43 Achen S. (If roral, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security N	lumber
Augusta Me	shill your	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	35
Trivale May: Man	20, DATE DF DEATH	4 0
John C	21. I CERTIFY that death occurred on the dale above stated; that I attended decease	
B.(b) Name of husband or wife	110	
7. Birth date of	and that I last saw h Last salive on	1944
deceased (mo., day, yr.)	Immediate cause of death.	DURATION
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION
M/ 4 27)hrsmin.	Garti allowan or died	Edays
Sua macrael	Gout pulmony ordina	المراجعة المراجعة
9. Birthplace	Due to.	3 -3
to. Usual occupation.	and myritan area	3ys.
	Due to	
11. Industry or business		************************
12. Name and und Stables 13. Birthplace Sermony	Other conditions	3
	(Include pregnancy within 3 months of feath)	syon.
ts. Birthplace Levenory		
S 45 Birthalass Germany	Major findings of eperations.	
Carrie Barie	- Date of op	
16. Informant AMA MARIE	Autopsy results	
Address 2142 When of		
17 Friat Date thereof 12/19/45	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Holy (All 1900)	Where did injury occur?	(State)
Location Bulturnous MA	Injured at home, farm, Industry, public place (where?)	
LUCKTION CONTRACTOR CO	Means of Injury Injured at work?	
16. Funeral director		
Address 1219 At Torol of	- SIGNATURE a Lee Thochest	
" 12/12 of Athlese	SIGNATURE M. D. of	rother
(Date rec'd by registrar) Registrar	Address 4116 Worther Parlow Bate signed	

Registrar Address 4116 Worther

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH The correct ag 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Battimago information carefully of death clearly and Now long to above place of death 2 (If outside city or town limits, write RURAL and give neares) town) Hospital, Institution, or street appress where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 216-24-0024 8.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i FOR BINDING 20, DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Sirth date of deceased (me., day, yr.) 8. AGE: MARGIN RESERVED If less than one day please ADING INK. Physicians: 1 important. (Include pregnancy within 3 months of death) Major findings al operations. PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide...... WRITE Where did injury occur? (City or town) injured at home, farm, Industry, public place (where?) Means of Injury injured at work? PLEASE 23/ SIGNATURE Cate signed.

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

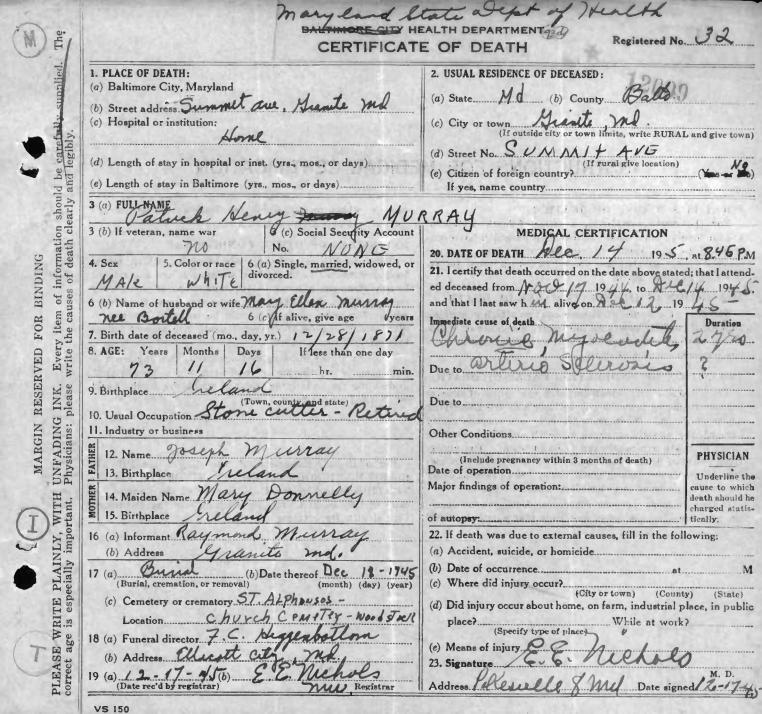
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12008

Reg. Dist. No. 33

1. PLACE OF MEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Balto.	(For newborn infants give residence of mother)	
City or fown Rural Leve Leve Torry (If outside city or town limits, write RURAL and give nearest town)	County	
How long in above place of death? 40	City or town Rural Revalera woun	
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)	
	Streef No.	
Now long in hospital or institution?	(If rurai, give LOCATION)	
	2.(a) If veteran, name war	
Laura Edith Tinker Murray	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F. W. W.	20. DATE OF DEATH Dec 24 19 465 21 9 9 M	
6.(b) Name of husband or wife John g. muray	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from	
8.(c) If allre, give ageyears	Dec 22 1945, 10 Dec 24 1945	
7. Birth date of deceased (mo., day, yr.) Que . 11 1 8 7 4	and that I last saw h. 12 alive on Dec 2 3 19465	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
19 4 12	Lebar Premona 5-da	
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation. House wife	***************************************	
V	Due to.	
11. Industry or business .		
12. Name Jinkler	Other conditions.	
\$ 13. Birthplace un ferroun		
14. Maiden name Katherine Wormall 15. Birthplace Balto,	(Include pregnancy within 3 months of death)	
15 Richalace Balto	Major lindings of operations.	
	Date of op.	
16. Informant Marjore J. Well	Autopsy results.	
Address Reix ters town	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Burial Oale thereof DIC, 27, 1945 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
HOOF FRANK		
Cemetery or crematory	Where did injury occur?	
Location near Reix Tors town	Injured at home, farm, industry, public place (where?)	
18. Funeral director um, Berryman	Means of Injury Injured at work?	
Address Reisters town	0 8 8 . 0). 0	
	23. SIGNATURE D. D. Caples M. D. or other	
18. 12-26 18.45 Mary 13. Kline (Date rec'd by registrar) Registrar	Address Reisturatouro, July vate signed 12-26-45	



INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

DEC 30 1945

2411 N. Charles St., Baltimore

DURATION

The correct age

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and WITH UNFADING INK. important. PLEASE WRITE PLAINLY, 1

MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)

CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
3. (a) FULL NAME Mary Virginia n	agle 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced B.(b) Name of husband or wife B. 7. Birth date of deceased (mo., day. yr.) F. 1880 8. AGE: Years Months Days If less than one day 9. Birthplace County, and state 10. Usual occopation T. 11. Industry or business T. 12. Name T. 13. Birthplace B. Allegarde T. 14. Name T. 15. Color or race 6.(a) Single, married, widowed, or divorced 6.(c) If alive, give age years 16.(c) If alive, give age years 17. Birthplace T. 18. Occopation T. 19. Birthplace T. 10. Usual occopation T. 11. Industry or business T. 12. Name T. 13. Birthplace T. 14. Sex T. 15. Color or race 6.(a) Single, married, widowed, or divorced 16. (a) Single, married, widowed, or divorced 18. Occopation T. 19. Sex T. 19. Sex T. 10. Usual occopation T. 11. Industry or business T. 12. Name T. 13. Birthplace T. 14. Sex T. 15. Color or race 6.(a) Single, married, widowed, or divorced 16. Color or race T. 17. Sex T. 18. Color or race T. 18. Color or race T. 19. Sex T. 19. Se	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 19 and that Vast saw here alive on 19 I meed to Due to Du
14. Maiden name Marka Thomas 15. Birthplace Baltemae Int. 16. Informant Levery G. Wack Address & S. Amship Rd. Dundelf M.	(Include pregnancy within 3 months of death) Major findings of operations
17. (Burial, cremation, or removal, Which?) Cemetery or crematory Location 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	Accident, suicide, or homicide
Address /639 n Bundway	23. SIGNATURE AM (2 Dawn on w

Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

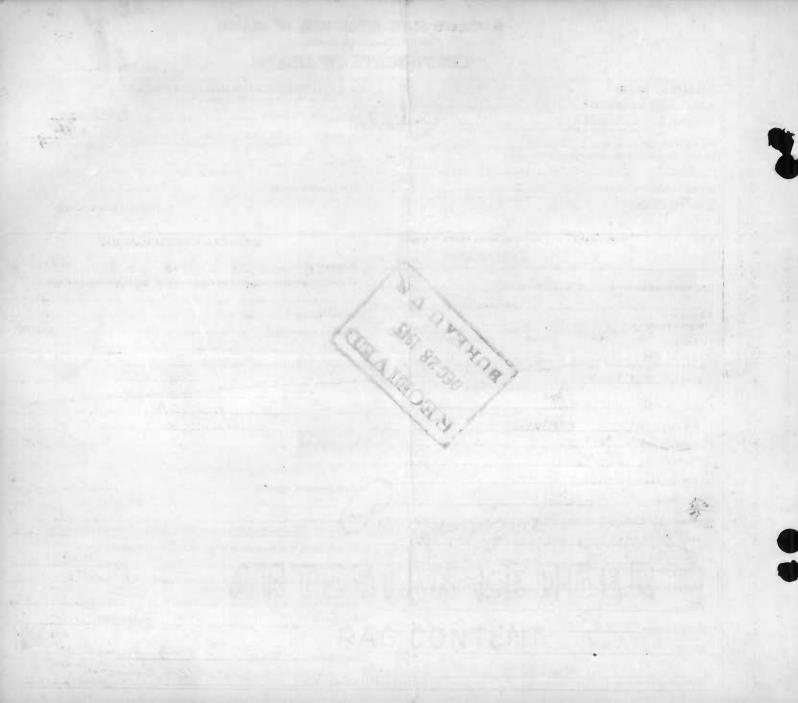
2411 N. Charles St., Baltimore

A DILATOR OF PERMI	ATE OF DEATH Reg, Dist, No. 30	
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
	Manufand Dallatana	
City or town		
How long in above place of dealh? 7g. hours	(if outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Streel No. 2	
Spring Grove State Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 72 hours	2.(a) ff veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
W. Grant Naylor		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m w widowed	20. DATE OF DEATH. December 18. 4.5 at 12:30 A	
6.(b) Name of husband or wife Lida Combs	21. I CERTIFY that death occurred on the date above stated: that I atfended deceased from	
	ara	
7. Birth dafe of deceased (mo., day, yr.) March 10, 1867	and that I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
78 9 8hrs	acute Cardian Failura	
	- Definition of the second of	
9. Birihplace M. T.V.land (Town, county, and state)	Due to have they and etis	
1D. Usual occupation. carpenter		
	Duoto Juste due to strick, to	
11. industry or business carpentry	- blood, Culling Wessels siege	
12, Name Lavy Naylor	Other conditions	
13. Birthplace Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name. Rebecca Russell		
15. Birthplace Maryland	Major findings of operations	
	Date of op.	
18. Informant Hospital records	Autopsy results	
Address Catonsville, Baltimore - 28, Md.		
River And Andrew	22. VIOLENCE: If death was due to external causes, till in the following:	
(Burial, cremation, or peroval, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide Augustian Bate of the St.	
Cemelery or crementary Drung Ridge	Where did injury occur? (City or town) (County) (State)	
Pikes wille mi	tojured at home farm faductry public place (where?)	
Location	Hours of Injury 10 101 10 10 10 10 10 10 10 10 10 10 10	
18. Funeral director was Derryman 4 Am	mount of rosor blood with North Miles	
Address Rie teration	190 hal I de LA	
10 100 15 11 11500	23. SIGNATURE M. D. or other	
19 Val d 19 45 servel IV, Miller	1010 Leeds and 30/20/15	

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MARGIN RESERVED FOR BINDING

19 45



1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

County Ballanasta City or town (If outside city on town limits, write RURAL and give nesrest town) How long in above place of death? However, How	City or town
Hospital, Institution, or street address where death occurred:	Part 1
Ingliside V Edwardson Ore	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While Widower	20. DATE OF DEATH DER 31 19 45 , at 41 M
8.(b) Name of husband or wife Mus. Henry Meuton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I tast saw h allve on to the same
8. AGE: Years Months Days ttless than one day	Immediate cause of death
01 40	<u> </u>
aler 19 mlo.	British Junion 4 de
9. Birthplace (Town, county, and state)	Due to.
1t. industry or business Returned	Oue to
12. Name	Other conditions
13. Birthplace Frof Known	
t4. Maiden name Hat Known 15. Birthplace Hot Known	(Include pregnancy within 3 months of death) Major findings of operations
\$ 15. Birthplace Hot Known	Bate of op.
16. Interment Records of Catomarille Horne	Antopsy results
Address Inglisich V Calmondson Un	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremetion, or removal, Which)	Z2. VIOLENCE: tt death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory Apringhilla Carreting	Where did injury occur?
Location Lastony md.	Injured at home, farm, industry, public place (where?)
18. Funeral director & terrain & Mours Company	Means of Injury Injured at work?
Address 108 W. Morth an, Balto. City.	22 SIGNATURE Kin fortune Uni
19. ————————————————————————————————————	23. SIGNATURE



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE A15

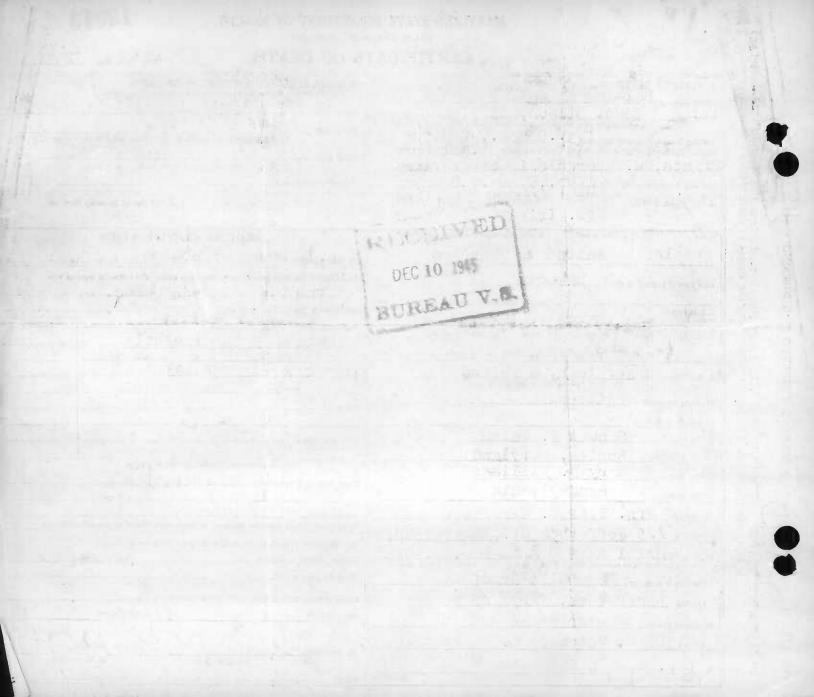
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2411 N. Charles St., Baltimore 13-

CEPTIEICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Dist. No. 32
1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington Co. City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Strest No. 425 Jefferson Street (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Mrs. Iris S. Niswander	3. (b) Social Security Number # Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH December 6, 19. 45, at 5:35 P
S.(6) Name of husband or wife Unknown T. Birth date of dsceased (mo., day, yr.) March 2, 1920	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6, 19.44 to Dec. 6, 19.45 and that I last saw her. allys on December 6, 19.45
8. AGE: Years Months Oays If less than one day 25 9 4	Immediate cause of death OURATION 2 yrs
9. Birthplace Hagerstown, Maryland (Town, county, and state) 10. Usual occupation Waitress 11. Industry or business	Due to. Tubercle Bacilli Oue to.
12. Name	Other conditions Syphilis Unknown (Include pregnancy within 3 months of death) Major findings of operations No operation Ogle of og.
16. Informant Mrs. Iris S. Niswander Address 425 Jefferson St., Hagerstown, Mo	Autopsy results. No autopsy
Burial Date thereof Dec. 9,1945 (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery Location Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sutcide, or homicide
18. Funeral director. Suter & Son	Mosns of Injury Injured at work?
Address 301 N. Potomac St., Hagerstown, Mo	23. SIONATURE Stewart & Shoffer in D. Address Mount Wilson, Md. Date signed 2/6/45

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2411 N. Charles St., Baltimore 191-0

CEDTIFICATE OF DEATH

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICA	AIL OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town	Street No. 3020 Jaylor Goe. (If refral, give LOCATION) 2.(a) If veteran, name war.
Virginia Novis	3. (b) Social Security Number
4. Sex 5. Cofor or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH ASLE 21- 1/5: 19
6.(b) Name of husband or wife Clinton C. 7. Birth date of deceased (mo., day, yr.) Oct 11-1852	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.5
8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state)	Urening : Der 7/9/45
1D. Usual occupation	Due to.
12. Name Judineh Harriston 13. Birthplace Balto	Other conditions
14. Maiden name Sarah Fuderich 15. Birthplace 13 also	Major fisdings of operations.
16. Interment 3020 Jay lor ave	PHYSICIAN: Please nnderline the cause to which death should be charged statistically.
(Burial, cremation, or remove) Which?) Gemetery or cremajory of the control of t	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Balts Jud and	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Address /2 17 St Sance St	23. SIGNATURE Laure gr. Fruureur M. D. or other
19. 12 22 19 44 (Mu fledgulla)	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4 9.13 J	LU
The	1/1
Reg. Dist.	No. 70

15

	Nog. Dist. 10.
1. PLACE OF DEATH: Balto	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)
City or town Illen arm md	State Med County And County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or inwn (1f outside city or town limits, write RURAL and give scarcet tows)
Hospital, Institution, or street address where death occurred:	Streef No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
	2/0/11 Iciciani, fianc wat
3. (a) FULL NAME Joseph	OHLE (3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Male W married	20. DATE OF DEATION Re 13 19.4/ at 9.40 M
6.(6) Name of husband or wife Mary Elizabeth	21. I CERTIFF that death occurred on the date above stated; that I stranded deceased from
Callakan 8.(c) II affre, give age years	\$ 10 JUS 19 40 JUS 19 JUS 19 40 JUS
7. Birth date of deceased (mo., day, yr.) 100, 25 1883	and that I last saw have alive on 19
8. AGE: Years Months Days If less than one day	Interpolitate cause of Seath DURATION
6 2	100
9. Birthplace (Zown, county, and state)	Due to Low - I meumolia
10. Usual occupation of Master	
11. Industry or business	Due to
E 12. Name Parael () Chles	Other conditions
₹ 13. Birthplace	(Include pregnancy within 8 months of death)
E 14. Maiden name Marsay Rolans	(Include pregnancy within 8 months of death) Major fiedings of operations.
15. Birthplace Sikland	Date of op.
16. Informant Mas. James Olles g	Aotopsy resoits
Address Isleffe arm mid	PHYSICIAN: Please ooderfice the cause to which death should be charged statistically.
17. Burial Date thereof 12-17-45	22. VIOLENCE: It death was due to externat causes, fill in the tollowing; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did labury occur?
A /12/20 1 mg	(City or town) (County) (State)
Location Description of the second of the se	Means of Jajury
18. Funeral director	That Taule H
Address Depart, making to	23. SIGNATURE THE STANDARD
19. (Date ree'd by pegistrar) Registrar	Address Baldnin Date signed 1/4/4/5

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107)

CERTIFICATE OF DEATH

Rog. Dist. No.

1. PLACE OF I	DEATH: timore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
T1.				State Maryland County				
		limits, write b	UKAL and give nearest town)	Beltimore				
How long in above pl	ace of death? 3 day	V.S.	***************************************	II and the second secon				
	or street address where			Street No. 1722 Belt St.				
			d, aryland	(If rural, give LOCATION)				
How tong in hospita	l or Institution?	days	•	2.(a) I1 veteran, name war	······································			
3. (a) FULL NA	ME			3. (b) So	cial Security Number			
WILLIA	O'MELIA			Non	e			
4. Sex	5. Color or race	8.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFIC	ATION			
male	White	Wic	lowed .	20, DATE OF DEATH December 11	46 .12.100.			
6.(b) Name of husba	and or wife Dece	ased	***************************************	21. I CERTIFY that death occurred on the date above stated; tha				
			c) I1 alive, give ageyears	December 8 19 45 to D				
7. Birth date of	35 0			and that I last saw h im allve on December	19.45			
deceased (mo., da	ears Months	Days	it less than one day	Immediate cause of death				
U. AUL.				Pneumonia, lopular	<u>5 days</u>			
	54 7	5	hrsmln.		***************************************			
9. Birthplace Be	altimore, M	aryland	state)	Due to				
	(Town	, county, and	state)					
1D. Usuat occupatio	on Chaulle	ur		Due to	***************************************			
11. industry or busi	iness							
H 12 Name	Patrick O'M	elia		Other conditions Atelectasis, Rt. bas	e 3 days			
	Baltimore			Alcoholism, chronic (Inclode pregnancy within 8 months of dea	unknown			
			••••	(Include pregnancy within 3 months of dea	th)			
置 14. Maiden na	meal.y Goul	<u></u>	•••••	Major findings of operations				
15. Birthplace	Ireland			D	ate of op			
18 Informant Cl i	inical Reco	rds. Ve	ts. Adm.	Autopsy results				
	rt Howard, i			PHYSICIAN: Please underline the cause to which death she	uld he charged statistically.			
			(-)	22. VIOLENCE: If death was due to external causes, till in the	following;			
17 Buris	Name of State of Stat	Date the	eo1 De 15. 45	Accident, suicide, or homicide				
(Buriai, cremat	Rolling	Glen H	eol. 25. 45 aven (month) (day) (year)					
			Randal Partimore, Md.	Where did injury occur?(City or town) (C				
Location			Tariffinore-ind.	Injured at home, farm, industry, public place (where?)				
48 Europel directo	A.Lee Ode	r		Means of Injury Injury	red at work?			
				ut. ann salle				
Address 454	York Ed.	alto.	G.	23. SIGNATURE A. M. BALTER, L.T. CC	M.C. Clin.Dir			
10 12/1	4 1945 registrar)	- 4	.W. Hedrill					
(Date rec'd be	registrar)		20 . Registrar	Address Vets . Adm . Ft . Howard , Md .	Date signed 12-11-45			

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1340)

CERTIFICATE OF DEATH

Dist. No.

			CERTIFICA	TE OF DEATH	Reg. Dist. No	***************************************
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED: of mother)	
City or town Baltimore				state Maryland		
How long to above place	of death?			City or town Baltimore (If outside city or town lim	aits, write RURAL and give no	arest town)
Hospital, Institution, or 7809			: Le	Street No. 7809 Wilson A	Avenue	
How long in hospital or	Institution?			2.(a) If veteran, name war		************************
3. (a) FULL NAME		Georg	e William Pad	gett	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL (CERTIFICATION .	
male	white		widowed	20. DATE OF DEATH Decemb	er 1st, 1945	
	35		dgettyear	11/30	19 45,10 /2/	19 4
8. AGE: Years	Months	Days	It less than one day	Immediato cause of death		
76	Ö	2	hrsmin			***************************************
			ryland tate)	Due to Autovas of		
11. Industry or business						
13. Birthplace	Marylan					
14. Maiden name 15. Birthplace	Mary An		th	(Include pregnancy within		***************************************
					Date of op	
16. Informant MY				PHYSICIAN: Please underline the cause to		statistically.
			nue -14-	22. VIOLENCE: If death was due to external of	causes, fill in the tollowing:	
			(month) (day) (year)		Date of	
Cemetery or cremator				Where did injury occur?(City or town	n) (County)	(State)
Location	Balti	more		injured at home, farm, industry, public place		
18. Funeral director	Leona	rd J	Ruck	Means of Injury	Injured at work?	
Address	5305	Harf	ord Road -14-	23. SIGNATURE TH. a	· grott,	410

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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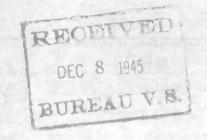
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

10	1		1		120	8
T	Reg.	Dist.	No.	A.	1	2

(If or How long in above place Hospital, institution, or How long in hospital or	Stevenson atside city or town is of death? street address where	death occurred	***************************************	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m Md e Coun City or town Stevenson (If outside city or town limits.) Street Mo	write RURAL and give neerest town)
3. (a) FULL NAME		EMMA .	J. PARSLEY		3. (b) Social Security Number
4. Ser	5. Color or race	6.(a)Single	e, married, widowed, or divorced		RTIFICATION
F	W	1	Marri ed	2D. DATE OF DEATH. Dec. 5,	45 2:30 a m
6.(b) Name of husband or wife				21. I GERTIFY that death occurred on the date above	
7. Birth date of deceased (mo., day, yr.)				and that I last saw h. Aalive on &	4 - 19.44 5
8. AGE: Years	Mooths	Days	tf less than one day	Immediate cause of deaths	2-3 deys
about 70				Chresia misas	meell years.
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation. Housewife				Bue to Antice and School	rlucion jeurs
11. Industry or business 12. Name	Jesse Whee	at		Dither conditions Level Level	real fears
MI	Margaret	Fishpa	<u>.w.</u>	(Include pregnancy Within 3 m	onths of death)
			_		Dale of op
	William 'Stevenson		sley	Autopsy results	ch death should he charged statistically.
Buri (Burial, cremation,	al or removal. Which?)		12/7/45 (month) (day) (year)	22. VIOLENCE: tf dealh was due to external cause Accident, suicide, or homicide	Bale of
Cemetery or crematory					
Location	WM. J. T			Means of Injury	Injured at work?
t8. Funeral director Address	Balto., 1	••••••	\	85 h	chalo nit
19. 12-6. 42 (Date rec'd by reg	19	25	E helpals Registrar	Address Populus 8	M. D. or other Dale signed 2 - 4 J



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supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should enterlibrated age is especially important. Physicians: please write the causes of death clearly and legibly.

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		2411 N. Char	PARTMENT OF HEALTH les St., Baltimore 33- TE OF DEATH Reg. Dist. No	4
Street address, hospi	GRAY MANNO outside city or town limital, or institution: PARKWOOD Ast. (yrs., or mos., or days, ity (yrs., or mos., or days)	OR ts, write RURAL NEAR and give town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NA 4. Sex		PAULIKAS 5.(a)Singla, married, widowed, or divorced	3. (b) Social Security N MEDICAL CERTIFICATION	lumber
MALE	WHITE	MARRIED	2D. DATE OF DEATH DEC. 17 19 4F	5 at 7 M
7. Birth date of deceased (mo., da 8. AGE: Ye 66 9. Birthplace I 1D. Usual occupation 11. Industry or busin 22 12. Name 41 13. Birthplace	ITHUNIA (Town, LAE	Days If less than one day 17hrsmin. CORER NOWN	(Include pregnancy within 8 months of death)	DURATION J. M.S. 2. Acres PHYSICIAN
15. Birihplace	LIT NNA PAULI	H. KAS (WIFE)	Df autopsy 200	Please underline the cause to whice death should be charged statisti- cally.
17BURI (Burial, cremati	IAL ion, or removal. Which?) atorySACREI GERMAN_HII		22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
Address 19. (Date rec'd by	403 S.WOI		23, SIGNATURE Lauces FWECE M. D. M. D. 01 Address 760 (England acc. Date stened	r other

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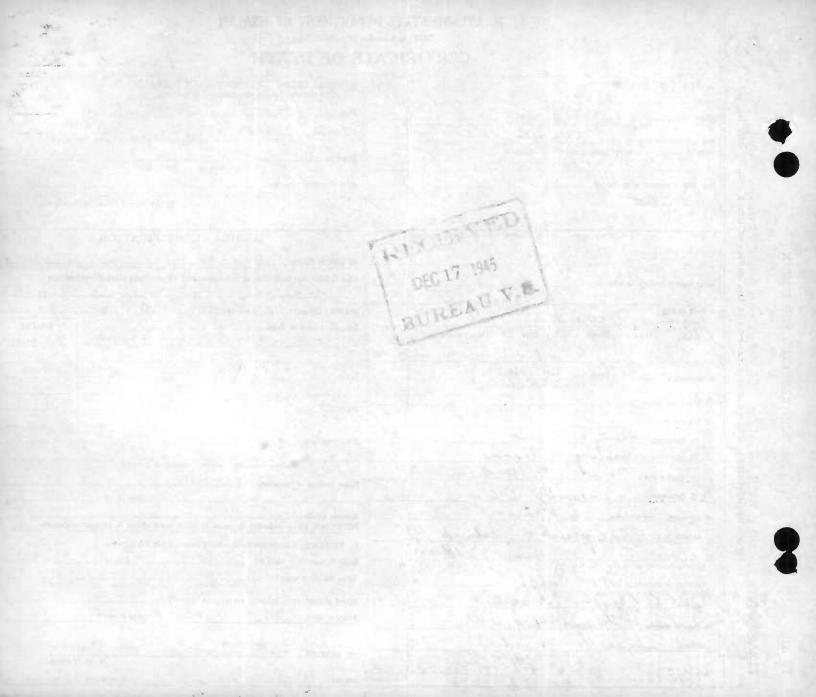
2411 N. Charles St., Baltimore 187

12/23

CERTIFICAT	TE OF DEATH Reg. Dist. No. 32
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Stale Maryland County Baltimore City or town Pikes ville. (If outside city or town limit, write RURAL and give neurest town) Street No. 605 Carys brook Road (If rural, give LOCATION) 2.(u) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Female White	MEDICAL CERTIFICATION 20. DATE OF DEATHDecember 11 1945
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I aftended deceased from 12-11- 19.45, to 12-11 19.45 and that I last saw h. C. away on not seen alive 19.45 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 3 / 3	Suffication (Accidental) 20 min, Due 10.
11. Industry or business 12. Name Lawrence & Geason 13. Birthplace armstong relievase 14. Malden name Martha a Hendren 15. Birthplace Companity Ohio	Diher conditions
16. Informan Laurence & Pearson Address 60 5 Carepbrook Rd Subroof Pb.	Autopsy results
17. Burial, cremation, or removal. Which? Cemetery or crematory. Research Research (day) (year)	22. VIOLENCE: tf death was due fo external causes, fill in the following: Accident, suicide, or homtcide
18. Funeral director. Address Polescolle Mayland 19. 22 - 3 - 19. 4 V O E Melal (Date red d by registrar)	means of Injury Suffocation injured al work? No 23. SIGNATURE D. D. Caples M. D. or other Address Reisterstown Md. Date signed 12-11-14

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE. VS A15

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

Fort Howard, Md.

.Date signed.....

	TE OF DEATH Reg. Dist. No		
I. PLACE OF DEATH: County Baltimore City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 186 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Vets.Adm. Hosp. Fort Howard, Maryland How long in hospital or institution? 186days.	Street No. 1515 McCulloh Street (If rural, give LOCATION)		
3.(a) FULL NAME CLARK S. PINN	3. (b) Social Securit 218-07-635	y Number	
4. Sex Male S. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D, DATE OF DEATH	at 3:00a	
6.(b) Name of husband or wife Mrs. Bessie Pinn 6.(c) It alive, give age 42 year	21. I CERTIFY that death occurred on the date above stated; that I attended degree July 2	ceased from r. 25. 19. 45.	
7. Birth date of deceased (mo., day, yr.) May 20, 1890 8. AGE: Years Months Days It less than one day 55 7 4	and that I last saw h_lmalive_onUecem.cer2.5	DURATION 2 MOS.	
9. Birthplace	Due to HYDRONEPHROSIS, RIGHT Due to	unknown	
11. Industry or business 12. Name	Diher conditions CHRONIC CYSTITIS; ARSENCE KIDNEY, LEFT, ACQUIRED; EMPHYSEMA, (Include pregnancy within 3 months of death) Major findings of operations.	PULMONAR!	
16. Informant Clinical Records, Vet. Adm.	Antopsy results		
Address FORT HOWARD, Md. 17. Burial (Burial, cremation, or removal, Which) Cemetery or crematory Baltimore National Cemetery Location Baltimore, Md.	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)	
18. Funeral director. harries K. Fan Address 802 Malison aremul	Means of Injury Injured at work? 23. SIGNATURE A. M. RALTER LT. COI. CLI	IN DIREC.	

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

12022

Date signed 1242445

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CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
ETHEL V. PORTER 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	**
female white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 23rd, 19 45 21 9: 30A and 19 45 21
B.(b) Name of husband or wite	Immediate cause of death
9. Birthplace Harford Co., Mde. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Oue to
12. Name Henderson Grier Thomas 13. Birthplace Harford Co., Md.	Other conditions
14. Malden name Haddie Cavender 15. Birthplace Harford Co., Md. 18. Intormant Mr. Clinton H. Porter	(Include pregnancy within 3 months of death) Major findings of operations. Date of on.
18. Informant Mr. Clinton H. Porter Address Eastern Ave. Extended	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. burial Date thereof Dec. 26. 1945 (month) (day) (year) Cemetery or crematory. Ebenezer Cemetery	22. VIOLENCE: 1f death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location Chase, Md. 18. Funeral director Cassalus Funeral Morres TAGO Pologia Pologi	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 7401 Belair Road 19. Dec. 24 19 45 John M. Gruell	23. SIGNATURE Jacues F. While M. D. or other

Legistrar

WRITE PLAINLY, WITH UMFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

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	Reg. Dist. No., hand and an arrangement of the second of t
1. PLACE OF DEATH: County Bullingse	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Assertion (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Assertion (If outside city or town limits, write RURAL and give nearest town) How long in hospital or institution? Assertion (If outside city or town limits, write RURAL and give nearest town) How long in hospital or institution? Assertion (If outside city or town limits, write RURAL and give nearest town)	State. Many land County Balender City or town (if outside city or town limits, write RURAL and give nearest town) Street No
3. (a) FULL NAME Planence Barbara Par	Tew 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex butte beingte	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 15, 19.45. 01. 91.45. P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Standard St
8. AGE: Years Months Bays If less than one day 13 10 29	Immediate cause of death DURATION Stay.
9. Birthplace. Catansville Baltiman Maylas (Town, county, und state) 10. Usual occupation. The accalinual Age Jewenile 11. Industry or business	Due to.
12. Name Just Dell Parti 13. Birthplace Calansville, Maryland	Other conditions. Frank mode Epshapsay 10 yrs + Crabbal Aplana 10 yrs + (Include prognancy within 8 months of death)
14. Maiden name Olaranica Principal 15. Birthplace Connecticut	Major findings of operations
Address Owings Mills, Md	Autopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory Mandon Hall Mandon Hall Mandon Hall States	Accident, suicide, or homicide
18. Funeral director & autom Stand	Injured at home, 1arm, industry, public place (where?)
Address Ellicott City, Md. 1921c 15, 1945 Registrar (Date ree'd by registrar)	23. SIGNATURE Like Baret Johns am M. D. or other, M. Or other, M

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2411 N. Charles St., Baltimore (67)

CEPTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, lystilution, or street address where death occurred; How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Courty City or town Market State (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
4. Say 5. Color or race 6.(a) Single, married, widowed, or divorced Feculate White Married 6.(b) Name of husband or wife Calleb H Paice	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day hrs	and that I last saw h. Q. alive on No Econology 4.5 Immediate cause of death DURATION Company Due to
10. Usual occupation 11. Industry or business 12. Name	Due to
14. Maiden name Drang and Price 15. Birthplace Snd 16. Informant Mrs Manganet Date	(Include pregnancy within 8 months of death) Major findings of operations
Address Sollers Bount St. 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address 2008 Cricans Of 1-2-46 CITY HEALTH DEPT	Means of Injury Injury at work? 23. SIGNATURE M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

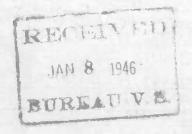
12025

		4	1
Dist.	No.	4	1

2411 N. Char	lea St., Baltimore (107)
CERTIFICA	TE OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Naryland County Baltimore City City or town 2240 Essex St., Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No. 2240 Essex Street (If rural, give LOCATION) 2.(a) If veteran, name war.
William Joseph Reda	-
4. Sex Male Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. Date of Death December 29th 19 45 17:00 a
8.(c) If alive, give age	19
### deceased (mo day, yr.) August 4, 1938 8. AGE: Years Months Days If less than one day	Immediate casse of death. Broncho pneumonia DURATION 3 days
9. 6 Irthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation. School, Owings Mills, Md. 11. Industry or business Julius William Reda	
12. Name. Julius William Reda 13. Birthplace Washington, D.C.	(Include pregnancy within 3 months of death)
14. Malden name Mary Evelyn Wood 15. Birthplace Baltimore, Md.	Major findings of operations. None
16. Informant Institutional records; Rosewo Address State Training School; Owings	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial, cremation, or removal. Which? Cemetery or crematory for the location Battynaker Location Battynaker 18. Funeral director. Location Day Ozazenski	Accident, suicide, or homicide
Address 1980 Gastism Qvf. 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIONATURE George C. Inedairy M. D. or other M. D. or other Address. Ownigs hulls Jud Date signed 12/29/43

MARGIN RESERVED FOR BINDING

VS A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN BESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934)

CERTIFICATE OF DEATH

1. PLACE OF DEATHY.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bullimore	and
(If outside gity or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address, where death occurred:	Street No. 17 Kilking are
Masonie Dane, Cochuprille And	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Ida L. Riley	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fremale Whate Widow	20. DATE OF DEATH. DIC 24 19.45 21 1/ 30 P. M
John D. Piles	21. I CESTIFY that death occurred on the date above stated; that lattended deceased from
6.(b) Name of husband or wife.	Dec 13 19 45 10 Dec 24 18 45
7. Birth date of years	and that I last saw h Lx alive on Dic 13 19 45
deceased (mo., day, yr.) Chuy. 20 - 1861	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cardiac Decompensation I day
78 4 4min.	
9. Birthplace Baltimore Ind	mois subsectionaire Carolea
(Town, county, and state)	Wascular Desense 5 410
10. Usual occupation	Due to
11, Industry or business	DUC 10
	Dither conditions
12. Name Henry Fants	
	(Include pregnancy within 8 months of death)
14. Malden name Shipling 15. Birthplace 9008.	Major findings of operations
₹ 15. Birthplace That	Date of op.
18. Informant Lauria M. Schoule	Autopsy results
Address Alasonic Thomas Corlempille &	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Milian 9.122/45	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Olivet	Whera did injury occur?
B. A. me bol	Injured at home, farm, Industry, public place (where?)
Location Location	
18. Funeral director. Sugar J. Buyst	Means of Injury Injured at work?
Address 15 12 Holling St	O'O Shir man A
12/2/ 1/5 8 80 11 0	23. SIGNATURE M. D. or other
(Date re'd by registrar) (Date re'd by registrar) (Date re'd by registrar)	Address 2 + 2 + Cutaw pl. Date signed 12/25/45



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CEDTIFICATE OF DEATH

CERTIFICA	Reg. Diat, No.
City or fown. (it outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Baltimore City or town (If outside city or fown limits, write RUSAL and give nearest town) Street No. 200 (If rural, give LOCATION)
	2.(a) If veferan, name war
3. (a) FULL NAME A. Sex 5. Color or rige 8. (a) Single, matricel, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
female, white, married.	20. DATE OF DEATH See 1st 1945 at 8.35 P. M
6.(b) Name of husband or wife. Slussy Ralas 7. Birth dafe of Share	21. I CERTIFY that death occurred on the date above stated; that I etlended deceased from 25. 19. 4 3. 10. 19. 4 3. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day 55. 7 17	Immediate cause of death DURATION 2 Long Aug.
9. Birfhplace (Town, county, and state)	Due to Cla 14 y ferteurs 3 fears.
10. Usual occupation	Due 10
12. Name Selsian K Stass:	Dther conditions
14. Maiden name Madore Cawbius 15. Birthplace Calvet Co. M.d.	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Calculated Co. Mid.	
Address 200 Old Ishal Road	Autopsy results
17 hurial Bolo thoron 12/4/45,	22. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide
(Buffal, eremation, or removal. Which?) Cemelery or cremover. Western One.	Where did injury occur? (City or town) (County) (State)
Location In gwood To dry onde on lives	Injured et home, farm, Industry, public place (where?)
18. Funeral director College Constant 1500	Means of Injury Injured af work?
Address 9014-03. As alleges States.	23. SIGNATURE Describer M. D. og other
19	Address 4840 Selais & Date signed 73/45

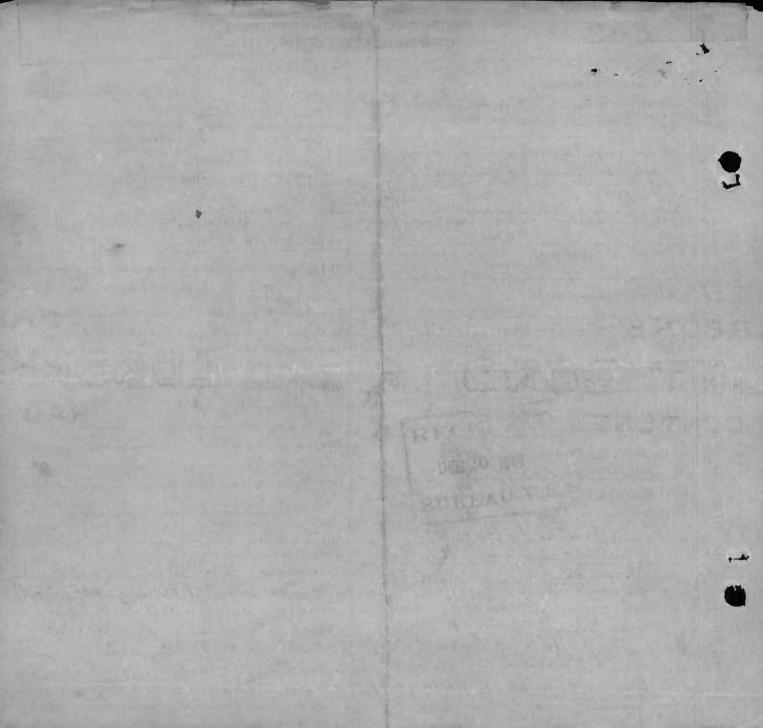
VS 151

Balto. Co.

CERTIFICATE OF DEATH

Registered No. 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland (b) Street address. (b) Street address. (c) August Hill Road	(a) State and (b) County Ballinger
(c) Hospital or institution:	(c) City or town Essex
(b) 110-spital of fileditation.	(If outside city or town limits, write RURAL and give town)
	(d) Street No. German Hele Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME Clara Fabr	ing Roess ar.
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH Die 1945, at M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	
I married	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife	Autopsy, Inspection or Inquiry
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) 1902	to death on the day stated above, and death in my
8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
7 3 hr. min.	homicide , undetermined and that the causes of death were:
9. Birthplace July, n. y.	IMMEDIATE CAUSE OF DEATH Sullet Wound
(Town, county, and state)	of Head
10. Usual Occupation Housewife	
11. Industry or business	Due to
12. Name Joseph tabing	Due to
13. Birthplad plewitt 2 - 29.	
14. Maiden Name Jennie Eldridge	Other Conditions
6 10 +4 - 2	(Table)
E 15. Birthplace Alwell h. y.	(Include pregnancy within 2 months of death)
16 (a) Informant freigh Jabing	22. If an external cause was primary or contributing acuse of
(b) Address Cazenova H. g.	death, fill in the following:
17 (a) Rivial (b) Date thereof Also 10-45	(a) Date of injury July at 1945 M.
(Burial, cremation, or removal) (month) (day) (year)	(b) Where did injury occur? I German Hill Road
(c) Cemetery or crematory Manleus Cem.	(c) Did injury occur at home, on farm, industrial place, in public
Location manling, n. E.	place? Rome While at work? Co
18 (a) Funeral director Jim 9. Commelly	(d) Means of injury.
(b) Address 418 & aslew Core. Earse &	23. Signature Lobert Cu Frotish M.D.
19 (a) Dec 8 - 41 (b) John G. Cornelly (Date rec'd by registrar) Registrar	Date signed Medical Examiner.



WRITE

ASE

The correct age legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 193-2

CERTIFICATE OF DEATH

12029 Reg. Diat. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
00.00	State Maryland County Politimere
City or town	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 2896 Oskorost ave.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Charles West (3. (b) Social Security Number 2/8-09-360/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Mate married	20. DATE OF DEATH LC 3 13 45 N 2 A M
8.(6) Name of husband or wife Lillie Mae ampl	21. I CERTIFY that death occurred on the dale above stated: that I eltended deceased from
	19
7. Sirth date of deceased (mo., day, yr.) Q A 9M 1891	and that I last saw hsife de 1990
8. AGE: Years Mooths Days If less than one day	Immediate carge of death vaccular congruency 12/3/45
54 / 24hrsmin.	
8. Birthplace Baltimore, maryland	Ove to Aykerlevsin 5 mg +
10. Usual occupation Sheet metal yarker	
11. Industry or business Metal Works	Oue to
	Other conditions
12. Name Charles a dannie	
	(Include pregnancy within 3 months of death)
14. Malden name Times Heigerf 15. Strthptace Battimore, maryland	Major findings of operations.
16. Interment Mris Chas a Roman	Autopsy results.
Address 2806 Oskerest avel.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Bate thereoffec. 64/945	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Commercial of Chemical Conference of the Chemica	Where did injury occur?
Location Walternore, marylang	Injured at home, farm, Industry, public place (where?)
18. Funeral director assistant furthered Some	DO1-011 1 1000
Address 7401 Belair Grad	23. SIGNATURE Doller 6. Auden 1911 1914
19/2/5 (Date rec'd by registrar) 19.45 G. M. Back Registrar	Address Date signed 27 3/45

HEALE OF TRIBESATED STATE OF MARINE

DEC 7 1945 BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTI 2411 N. Charles St., Baltimore 99-1

Reg. Dist. No

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Baltimore State Maryland County Catonsvilla (If outside city or town limits, write RURAL and give nearest town) Clly or town Baltimore.

(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 months 8 days Hospital, Institution, or street address where death occurred: Street No. 3102 Oakfield Avenue Spring Grove State Hospital (If rural, give LOCATION) How long in hospital or institution? 6 months 8 days 3. (a) FULL NAME 3. (b) Social Security Number Nathan A. Sachs 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION

married m 8.(b) Name of husband or wite Rebecca Bluebond 7. Rirth date of 1882

Days

63 9. Birthplace Russia (Town, county, and state)

deceased (mo., day, yr.)

8. AGE:

15. Birthplace

10. Usual occupation cake salesman 11. Industry or business baking

12. Name Louis Sachs
13. Birihplace Russia 14. Malden name Yetta Cohen

Hospital records Address Catonsville. Baltimore - 28. Md.

Russia

(Burial, cremation, or temoval, Which?) Cemelery or crematory. Hebrew Herring Run Cemetery Bowleys Lane

(Date rec d by registrar)

18. Funeral director... Sol Levinson & Bros 1124-1196 W North Ave

Date thereof December 12, 194

If less than one day

Means of Injury

2D. DATE OF DEATH December 11. 19.45 al 3:15 P. M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 3. 19 45 to Dec. 11. 19 45 and that I last saw h im alive on Dec. 11 19.45 Immediate cause of death.... DURATION

Pulmonary edema 5 days Due to Myocardial insufficiency 1 week

Hypertensive cardiovascular Indef. disease

Injured at work?

(Incinde pregnancy within 3 months of death) Major findings of operations..... Date of on.

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?)

23. SIGNATURE Isadore Tuerk, M.D. or other Address Baltimore - 28 Md. Date signed 12/11/45

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Supply ease wri

ADING INK. Physicians: ple

important.

PLAINLY is especial

WRITE

BINDING

RESERVED

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct action especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /640)

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County. City or town. Servedon Md	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
(If outside city or town limits, write EURAL and g	give nearest town)
Now leng in abere place et death? 12 years	(If outside Ry or town limits, write RURAL and give nearest town)
Hospilat, Institution, or street address where death eccurred:	Street No. Albright ave. & Central Av
	(V rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Henry H. Shan	3. (b) Social Security Number
4. Sex 5. Color oxfrace 6.(a) Single, married, wide	dowed, or divorced MEDICAL CERTIFICATION
Male White Married	9 2 15 110
male millog mailion	20. DATE OF DEATH. 2 8 1945 at 1/9
8.(b) Name of husband or wite	21. I CERTIFY that death eccurred on the date above stated; that I atlended deceased frem
0.(0) game of musballe of mitemastes constant and an articles	Dec 9 1945 to Dec 5 1945
7. Birth date of	e age years and that I last saw hands after on 12-8 1945
deceased (mo., day, yr.) May 14, 1892	
	an ene day DURATION
	Hanging
53 6 24	hrs
9. Birthplace	ter Due to.
t2. Name. Unknown	Other conditions
13. Birthplace Unknown	
	(Include pregnancy within 3 months of death)
t4. Matten name Unknown t5. Birthplace Unknown	Major findings of operations.
2 to Birthelese Unknown	
	Date of ep.
16. tntormant Mrs. Mamie K. Shaw	Autopsy results.
Address Central & Albright Aves.	Glyndon PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereot 127 (Burlal, cremation, or removal, Which?)	12/45 nth) (day) (year) Accident, suicide, or hemicide
(Durial, cremation, or removal. Which!) (mon	Where did injury eccur? Alexander Bally
Cometery or crematoryWestern	Where all injury eccur?
Location Baltimore, Md.	
18. Funeral director. Wm. J. Tickner & Sons,	, Inc. Means at this Hanging Injured at work?
Address North & a. Aves. Balti	imore, Md. 23. SIGNATURE Dr. D. Eaples Examina
12/10 15 aluk	A. D. or other
(Date ree'd by registrar)	all Registrar Address Revolucelows high signed 12 - 8-'4
(Section of the section of the secti	Audicss

MARYLAND STATE DEPARTMENT OF HEALTH

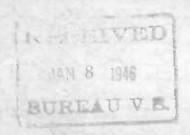
2411 N. Charles St., Baltimore (7%)

CERTIFICATE OF DEATH

		.//
Reg.	Dist.	No. 4/

12032

1. PLACE OF DEATH: 13-01/2:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
(if outside city or town limits, write RURAL and give nearest town)	State County Callellion	
How long in above place of death? 20473	City or town	
Hospital, Institution, or street address where death accorded	9 (If outside city or town limits, write RURAL and give nearest town)	
Bethlekew Sleet	Sireet No. A. Control (If rural, give LOCATION)	
How long in hospital or institution? (al. work)	2.(a) If veleran, name war	
3. (a) FULL NAME	Shillott. 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION	
Male While Married	20. DATE OF DEATH Dec. 3/ 1945 of 935 P. M	
6.(6) Name of husband or wife Josefahine Shiffelt	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from	
	1B to	
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.) Wock 7750 / 903	Immediate cause of death	
8. AGE: Years Months Days If less than one day	MILRER DY INGOL BUggy	
alle 40 min.	1. Multiple FRACTURES to . 4	
9. Birthplace Booneville - Va.	Due to Let T Rib'S & CRUShING IX URY	
(Town, county, and state)	tochest.	
10. Usual occupation.	2. COMPOUND TRACTURE TO DARTURE	
11. Industry or business Belle Research	10 PROPULTATION RT. FOOT.	
12. Name Edw. Skillett	3	
13. Birthplace Visitinile	Other conditions	
M Seeken again	(Include pregnaucy within 3 months of death)	
	Major findings of operations	
2 15. Birthplace Vissinice		
16. Intermant Mrs. Lubal Monio - Frence)	Autopsy results.	
Address Dunckerk-Min	PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
17 beinal Bala Harant 1-3-46	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Accident Date of 17-31-41	
Cemetery or crematory. Ouch Total	Where did intery occur? Peth, Steek - Sp. POINT BALH Ma.	
Cemetery of Crematory	(City or town) (County) (State)	
Location Oomeavered	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Seevally arts 10	Means of Injury Stievel & Ny Mgol Injured at work? NO	
Address 108 WHoth auc.	most auro- ma	
elitul malon	23. SIGNATURE 2000 - 2000 - Mary or other,	
19	Address DIMANAIN XX MA Date signed 19 MA	



2411 N. Charles CERTIFICAT

St., Baltimore 108)		
E OF DEATH	Reg. Dist. No	3
2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED: f mother)	
Stale Co	ounty	********
City or town(If outside city or town limit	ts, write RURAL and give near	est town)
Street No	e LOCATION)	*************************
2.(a) If veleran, name war		*******************
Skinner	3. (b) Social Security N	lumber
	ERTIFICATION	
20. DATE OF DEATH & Cremb	e. 2 10 65 5	· 7+2
21. t CERTIFY that death occurred on the date et		
	to	
and that I last saw halive on		19
Impediate cause of death'	BA	Dec 1, 144
	//	***************************************
Duo to	***************************************	***************
***************************************		***************************************
Due to		************************

Diher conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Include pregnancy within 8	months of death)	
Major findings of operations	000000000000000000000000000000000000000	
***************************************	Date ot op	
Autopsy results		Intistically.
22. VIOLENCE: If death was due to external ca	auses, fill in the tollowing;	roul
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (
Means of Injury	tnjøred at work?	
28. SIGNATURE (Sollie T	Hudson!	D.D.M.z

15033

ADING INK. Supply every item of information carefully, The correct Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important. PLEASE

1. PLACE OF DEATH:

How long in hospital or institution?.....

6.(b) Name of husband or wife.....

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace ...

10. Usual occupation. 11. Industry or business 12. Name. 9 12. Name

14. Malden na 15. Birthplace 14. Malden name.

16. loformant Address

18. Funeral director

(Burial, cremation, or removal, Which?)

Cemetery or crematory.....

(Date ree'd by registrar)

8. AGE:

How long in above place of death?.... Hospital, Institution, or street address where death occurred:

5. Color or race

Months

(If outside city or town limits, write RURAL and give nearest town)

Days

(Town, county, and state)

.6.(c) If alive, give age

It less than one day

(month) (day) (year)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

Constitution of the consti	ERIIFICALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Fullerton	
City or town Bal timoré (If cotside city or town limits, write RURAL and g	give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	West Joppa Road
West Joppa Road,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	igett Slaughter
4. Sex 5. Color or race 6.(α) Single, married, wild	lowed, or divorced MEDICAL CERTIFICATION
female white widow	wed 20. Date OF DEATH December 1st, 19 45, at
6.(b) Name of bushand or wife Adolphus Slaug	ghter 21. I CERNIFY that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give	19.5 to 19.5 19.5 19.5 19.5 19.5 19.5 19.5 19.5
7 Right date of	and that I last saw h. Co. alive on
decessed (mo., day, yr.) Oct. 7, 1859	Immediate cause of death DURATION
o. Aug.	I hely are and hely 37
9. Birthplace Anne Arundel Co. (Town, county, and state)	Bue to Attypettime
10. Usual occupation At home	
	Due to
11. Industry or business 12. Kame	
	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 menths of death)
14. Malden name	Major findings of operations
2 15. Birthplace ?	Date of op
18 Interment Mrs. William H. Beck	Antopsy results.
Address West Joppa Road, Fu	11erton PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
17. Burial Date thereot 12. (Berial, cremation, or removal. Which?)	
Cemetery or crematory Cedar Hill	Where did injury occur?
Dollimana	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Leonard J. Ruck	1.1.7.4.3.1.10
Address 5305 Harford Road	-14- 23. SIGNATURE / L. Q. GLOCK L. L
19 17/3/4 (19 Course	M. D. or other
(Date ree'd by pegistral)	Registrar Address \$100 Heefeed Date signed (211/4)

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(If outside city or town limits, write RURAL and give town)

	CERTIFICATI	E OF DEATH (%) Registered No.
1. PLACE OF DEATH: (a) Baltimore City Maryland (b) Street address Description: (c) Hospital or institution: (d) Length of stay in hospital or institution (e) Length of stay in Baltimore (yrs.	Esian Home (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County. (c) City or town (If outside city or town limits, write RURA) (d) Street No. (H rural give location) (e) Citizen of foreign country? If yes, name country.
3 (a) FULL NAME Emiley L :	Snow	CHERNER NO RESIDE &
4. Sex 5. Color or race 6 (a dive	3 (c) Social Security Account No. 2) Single, married, widowed, or order. Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 2/15/4 5 19 21. I certify that death orgurred on the date above state ed deceased from MALLY 15 1940, to 1940.
7. Birth date of deceased (mo., day, 8. AGE: Years Months Days 9. Birthplace Sollinger,	If alive, give age years yr.) 1/9/55 If less than one day hr. min. MA hr. eounty, and state)	Immediate cause of death Due to Other Conditions (Include pregnancy within 3 months of death) Date of operation. Major findings of operation:
15. Birthplace 16 (a) Informant (b) Address 17 (a) (Burial, cremation, or removal) (c) Cemetery or crematory Location 18 (a) Funeral director		of autopsy: 22. If death was due to external causes, fill in the fo (a) Accident, suicide, or homicide
(b) Address John 1	way Tlace	(e) Means of injury

MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I certify that death of curred on the date above stated; that I attended deceased from and that I last saw he Immediate cause of death Duration Other Conditions PHYSICIAN (Include pregnancy within 3 months of death) Date of operation..... Underline tha Major findings of operation: eause to which

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide.

(d) Did injury occur about home, on farm, industrial place, in public

(e) Citizen of foreign country?.....(Yes or No If yes, name country.....

(e) Means of injury 23. Signature

While at work?

(County)

death should be

charged statis-

tically.

(Date rec'd by registrar)

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of discase entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-6

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	State. Rounty Backers City or town Catenase Cat
How long to hospital or institution?	2.(g) 11 veteran, name war
3. (a) FULL NAME mary Jane Snyder	3. (b) Social Security Number
4. Sex 5. Coof or take 6.(a) Stagle, married, franked, or divorced Jenuale White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20 28 1945, 21 3 P. 10
8.(b) Name of husband or wife. Frank Snights 7. Birth date of deceased (mo., day, yr.) NW 36 - 1881	21_I CERTIFY that death occurred on the date above stated; that I altended deceased from Dec 7.8
8. AGE: Years Months Days If less than one day 4 2	Immediate gause of death OURATION
9. Birthelace	Due to
12. Name Petro Brody 13. Birthplace Secand H 14. Malden pame Pane Brady	Other conditions
14. Maiden name Jane Brady 15. Birthplace reland 16. Informant James Sneyder (Son)	Major findings of operations. Date of op.
Address Olling Mills P. C. 3nd 17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (1/49) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory An. Charles Location D'ikesville i ma'	Where did injury occur?
18. Funeral director. Frank H. Mcwell Address Pikesville, Smaryland 19/2/31 (Date ree'd by/registrar) 18. Funeral director. Frank H. Mcwell (Date ree'd by/registrar) 19. E. E. Michael (Date ree'd by/registrar)	Means of Injury Injured at work? 23. SIGNATURE D. D. Caples M. D. or other Address Revalurations M. D. or other Address Revalurations M. Date signed 12-29-465.



AID

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist.	No. 44

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Baltimore	(a) State_Md. (b) County_Balt.o.	
(b) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)	(c) City or town Stemmers Run	4
(c) Street address, hospital, or institution:	(If outside city or town limits, write RURAL at	nd give town)
Stemmers Run Road	(d) Street No. Stemmers Run Road	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in this community (yrs., mos., or days) 11fe	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Ella may Sponheimer		
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	- 4
No.	20. Date of death 22 2 1945, at	3 A M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated;	that I attend-
female white divorced married	ed deceased from lec 21 19 \$5, to Lec 3	1945,
6 (b) Name of husband or wife John W. Sponheimer	and that I last saw him alive on Alec 22 194	Σ.
6. (c) If alive, give age years	Immediate cause of death Sommery	Duration
7 Divid have ()	- Therontrois	Sudden
7. Birth date of deceased (mo., day, yr.) July 13, 1908	5	
8. AGE: Years Months Days If less than one day	Due to	
3/5 9hrmin.	Due to	
9. Birthplace Balto Co. Md. (Town, county, and state)		
(Town, county, and state)	Other conditions I a Supple	3 dlys.
10. Usual occupation Housewife	(Include pregnancy within 8 months of death)	PHYSICIAN
11. Industry or business	Major findings:	Underline the
12. Name Frank Sigrist 13. Birthplace Balto. Co. Md.	Of operations	cause to which
		death should be charged statisti-
# 14. Maiden NameLula Suehs	Of autopsy	cally.
14. Maiden Name Lula Suchs 15. Birthplace Balto., Md.	22. If death was due to external causes, fill in the follow	ing:
	(a) Accident, suicide, or homicide	
16 (a) Informant Mr. J. W. Sponheimer	(b) Date of occurrence	
(b) Address Stemmers Run Rd.	(c) Where did injury occur?	
(Burial, cremation, or removal) (b) Date thereof Dec. 26, 1941	(City or town) (County) (d) Did injury occur about home, on farm, industrial pl	(State) ace, in public
(c) Cemetery or crematory Zion Lutheran		
Location Stemmers Run, Md.	place?While at work?	
18 (a) Funeral director Landson Fermal Home	(e) Means of injury	-/
(b) Address 7401 Belair Road	23. Signature LO. 11. Dannyana	ule
19 (a) 12/26/45 (b) Dawson, Sante	Address Bulla 6 gred Descripted	other



CERTIFICATE OF DEATH

2411 N. Char	les St., Baltimore (3)	
CERTIFICA	TE OF DEATH Reg. Diet. No. 44	
1. PLACE OF DEATH: County City or town D	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
Hospital, Institution, or street address where death occurred: 3 0 4 Bayside Drive	Street No. 30 4 Barrier Division (18 refeat, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME Wary Theresa Steever Ch	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 20 29 19 45 21	40
6.(6) Name of husband or wife. Meorge M. Steerer B.(c) If alive, give age 5. 9. years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attanded deceased from 19. 19. 10. 11. 29. 10. 11. 29. 10. 11. 29. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11	19. 7
8. AGE: Years Months Days If less than one day 6 6	Immediate cause of death Dufo caralles (acute)	RATION
9. Birthplace Balto (Town, county, and state) 10. Usual occupation 11. Usual occupation	Due to Aquilensein 8	yr
11. Industry or business	Due to	
12. Name Joseph 2 13. Birthplace Hermany	Other conditions	
14. Malden name Mukowith 15. Birthplace Germany.	Major findings of operations	
18. Informant Seonge Steerer Address 30 4 Banside Brive	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistical	ly.
17. Buriai, cremation, or removal. Which?) Dale thereof. 1. 2. 4. 6. (gonth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cometery or crematory Sacred Heart	Where did injury occur?	
18. Funeral director John M Connelly	Mesns of injury Injured at work?	- 4
19. / 12 / 19. 46 John of Cornelly (Date ree'd by Segistrar)	23. SIGNATURE M. D. or other Address Date signed 1 2	M. 14

FOR BINDING

MARGIN RESERVED

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2411 N. Charles St., Baltimore

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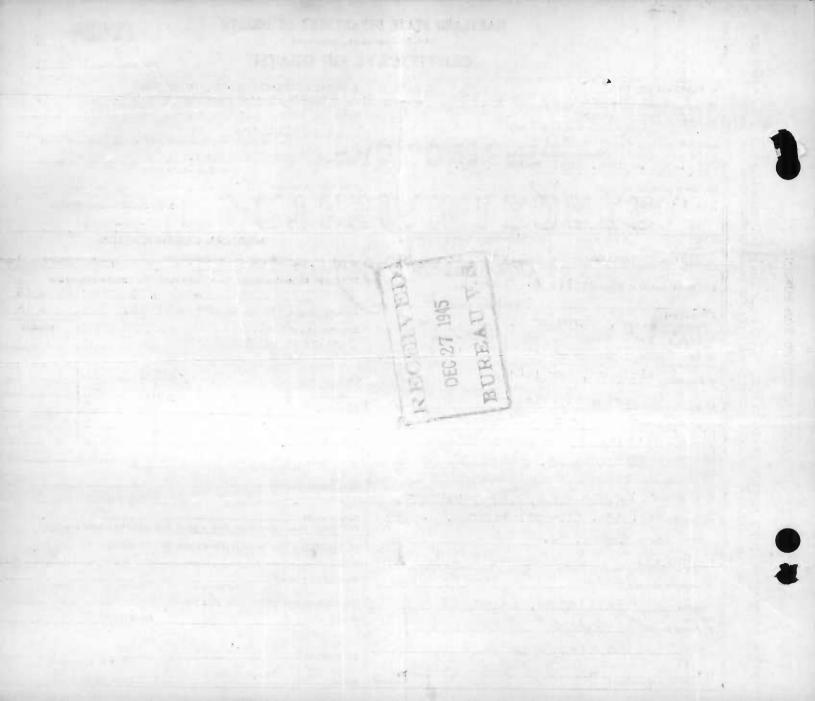
CERTIFICATE OF DEATH

			. 1	/ 4
Reg.	Diat.	No.	4	4

1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
Port Howard		State Maryland County	
(If outside city or town	limits, write RURAL and give nearest town)	Poltimore	
	ays	City or town BALTIMOFS (If outside city or town limits, write RURAL and give neares	t town)
Hospiial, Institution, or street address when Vets - Adm - Hosp - Fo	e death occurred: rt: Howard . Md .	Street No 408 Markland Ave.	*******
		(If rural, give LOCATION) WW-1	
How long In hospital or Institution?9	uays	Z.(a) II veteran, name war	
3. (a) FULL NAME		3. (b) Social Security No	mber
WALTER CARROLL ST		217-20-7414	
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white	Married	20. DATE OF DEATH. December 15, 19 45	12:15P
6.(b) Name of husband or wite Rosal	ie A. Stevens	21. I CERTIFY that death occurred on the date above stated: that I atlended decease	d from
7. Birth date of	6 (c) If alive alva and 55	December 6 19 45 to December	
7. Birth date of Nove	mber 1, 1888	and that I last saw h im alive on December 15.	19.45
deceased (mo., day, yr.) NOVE	Days I fiess than one day	Immediate cause of death	DURATION
57 1	3.4		
			•••••
9. Birthplace Baltimore, M	aryland n, county, and state)	Due to	*******************
10. Usual occupation Marine Pi	n, county, and state)		••••••
10. Usual occupation.	DOT 7 0 001	Due 10	***************************************
11. Industry or business			
12. Name William E. 13. Birthplace Harford	Stevens	Other conditions	
13. Birthplace Harford	Co. MARYLAND	(Include pregnancy within 3 months of death)	
14 Maiden name Isabell	a Beadenkopf		
15. Birthplace Harford		Major hadings of operations	
Train A 3 Cl	to, mary land		
1B. InformantV. C. C.S. A. C.M	inical Records.	Aatopsy results	
Address Fort Howard.	A	22 VIOLENCE, if death was due to external square, fill in the following:	
17. Burial (Burial, cremation, or removal, Which	Date thereof. 12/18/ 1945 (month) (day) (year)	22. YIOLERCE: If death was due to external causes, in in the following, Accident, suicide, or homicide	
Cemetery or crematory. GOVADS.	Presbyterian	Where did injury occur?(City or town) (County) (
Location Baltim	ore, Maryland	Injured at home, farm, Industry, public place (where?)	***************************************
18. Funeral director Bussafra	y Huneral Islam	feans of injury Injured at work?	
	1	100	
Address 7401 Belair	Road	3 SIGNATURE	
19 Wec. 25 1945	· W. L. tarber	M. D. or	
(Date rec'd by registrar)	Regist	rar Address 4t Howard. Date signed 12	-73

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore 107

19040

CERTIFICATE OF DEATH

L.	1	U	4	1	

			OBILLIA TOTAL	LE OF PRIME	Reg. Diat. No	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED:	
	more			State Maryland con		
How long in above plac	e of death? 12	lays	URAL and give nearest town)	City or town Baltimore (If outside city or town limit		
Hospital, Institution, o	r street address where	death occurred	l:	Street No. 113 S. Stockton	St.	
Vets.Adm.F	losp. Ft. I	loward,	Md.	(If rural, give	LOCATION)	
		days		2.(a) If veteran, name war. SAW		V
3. (a) FULL NAM	IE				3. (b) Social Security	Number
ALBERT S	TEWART					
4. Sex	5. Color or race	5.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	negro	mar	ried	2D. DATE OF DEATH December 18	19. 4.5	.10:50P
8.(b) Name of husband	or wife Agnes	Stewa	rt	21. I CERTIFY that death occurred on the date abo		
Attack to the season			c) if alive, give age unknown,	December 6,		
7. Birth date of	102/-		of the state after after a state and a state a	and that I last saw h im alive on Dece	ember 18	19. 45
deceased (mo., day,		Dave .	tf less than one day	Immediate cause of death		DURATION
8. AGE: Year	12112	Days		Pneumonia, lobular	***************************************	3 days
69	3		hrs min.			* ******************************
			Md	Due to		***************************************
1D. Usual occupation.	•••••	Labor	er	Due to		•
1f. Industry or busine	88			Due to		• • • • • • • • • • • • • • • • • • • •
		Perry	Stewart	Dther conditions Malnutrition,		unknov
12. Name			A. Co., Md.			
	nxkrann		Neal	(Include pregnancy within 3		1
E 15 Rirthotace		Α.	A. Co., Md.	Major findings of operations		
	Adm Clas		ecords			
			<u>acoras</u>	Autopsy results		
Address For	rt Howard,	Md.	10.0	22. VIOLENCE: If death was due to external car	uses, fill in the following:	
17/3 Mu	n, or removal. Wylch	Date ther	eoi WICD 4, 1946 (month) (dry) (year)	Accident, suicide, or homicide		
(Burial, cremation	n, or removal. Which	na/	Am (month) (dry) (year)	ALL AS LOS CONTROL OF THE PARTY		
Cemetery or cremat	tory. If all Mi	cut c	ALL V	Where did injury occur?(City or town)		
Location			•	injured at home, farm, industry, public place (w	here?)	
1R. Funeral director	ms Ro	tu O	-Williams	Moens of Injury	Injured at work?	
Address 3 2 2	4 4	roed	er St	9 HAY RICHARDS	MAJOR, M. C. ACT.	CLTN-DIR
19. 12/24 (Date rec'd by re	4/ 19.45	Hunt	ington Williams	Weterene Adminie	tration M. D. o	or other
(Date rec d by re	cRiottel.	021	L TY - 7 A.L EVERISTIAN	Address		***************************************

Dept.

PLEASE WRITE PLAINLY, WITH WIFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARGIN

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

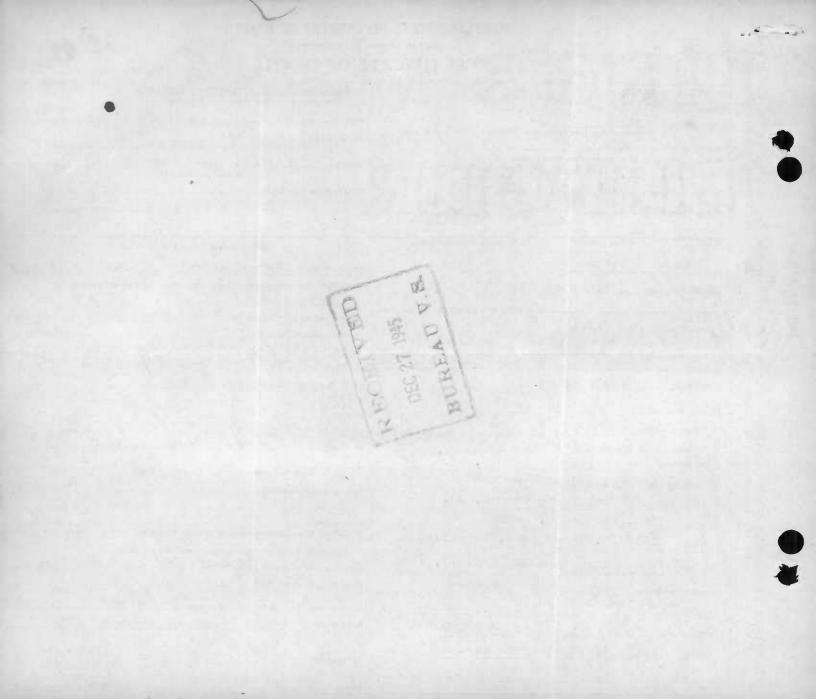
CERTIFICATE OF DEATH

	-	10.1

Pikesville. Md.

1 2	1 10	
- 10	41	
Per Diet No	22	

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAM	M.E.	George Herman Stierhoff	3. (b) Social Security Number
Male	S. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH December 24
	,,yr.) May 19	nce Emma Stierhoff	and that I last saw h
	86 7	5	
11. Industry or busine	John Sti	red erhoff more County, Md.	Due to
LOW 15. Birthplace	Katberi Balti	ne Bayer more County, Md.	(Include pregnancy within 3 months of death) Major findings of eperations
16, InformantM. Address 3	rs. Willia 518 St. Ja	m H. Damm mes Road, Rockdale	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
17Buri (Burial, crematic		Ridge Cemetery	Accident, suicide, or homicide. Date of
Location	Inglis	sville, Md. Auroreau y Heights Ave.	Injured at home, farm, industry, public place (where) Means of injury Fell lungs Supposition injured at work?
Address 4		y neights ave.	23. SIGNATURE O COM CORD M. D. or other 1402 Reisterstown Rd Date slened 7:240.74



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

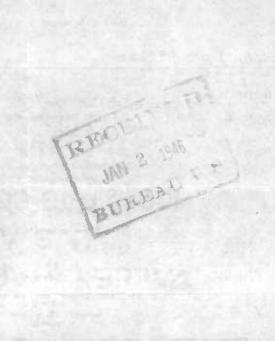
CEDTICICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. Diat. No	3.4
1. PLACE OF DE	Ralt	imore	e	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
County	***********	************	LIE	State Maryland		****************
(If o	utside city or town lin	nits, write b	URAL and give nearest town)	Cotonomia	10	
How long in above place	of death?	ears		(If outside city or town lin	nits, write RURAL and give near	rest town)
Hospital, Institution, or	street 200ress where o	eath occurred		Street No. 16 Fusting		
			***************************************		ive LOCATION)	
How long in hospital or		• • • • • • • • • • • • • • • • • • • •	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAMI			dison Page Stil	les	3. (b) Social Security 1	Number
4. Sex	5. Color or race	b.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	W:	idowed	20. DATE OF DEATH December	430 18315	at 9 P.
6.(b) Name of husband	or wifeWil	lliam	Lee Stiles	21. I CERTIFY that death occurred on the date		
7. 8irth date of			e) It alive, give ageyears	and that I last saw halive on	es. 29	19 \$15
deceased (mo., day, y	May	26,		Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day		Muna	
86	7	4	hrs. min.			
9. Birthplace	Freder	ick,	Md.	Que to Brackery Re	led Hip	6 da
3. un mpiaeo	(Town, c	ounty, and	tate)	Quete, accidental full. an		
10. Usual occupation	None	************		Due to	l out of led culo	
11. Industry or business		•			7	
至 12. Name	Walker	Yate	s Page	Other conditions Assile de	ementia	377.
13. Birthplace	Virgin:	la				
14. Malden name	Christ:	ianna	Tyler	(Include pregnancy within	3 months of death)	
14. Malden name	Virgin:	ia		Major Endings of operations		
			Uorrdon		Date of op	••••••
100 1111011110111	rs. Will:			Autopsy results	and the short has been also	atatiaalla
Address	37 W. La:	fayet	te Avenue			statistically.
Buri (Burial, cremation,	al	Date them	not 1/2/46 (month) (day) (year)	22. VIOLENCE: If death was due to external		A and same
(Burial, cremation,	or removal. Which?) Lorra		(month) (day) (year)	Accident, suicide, or homicide. Occident		
Cemetery or cremator	y	• • • • • • • • • • • • • • • • • • • •	~ # *	Where did injury occur? . Catamarille (City or town		
Location	Wood	lawn,	Md.	Injured at home, farm, industry, public place	(where?) .14 Fusting 1	Manuel
18. Funeral director	4/0/1/1	Me	ates and on	Means of Injury accidental fall.	Injured at work?	
		lalve:	rt Street	2.1	11 11	6
Address	00) II.	,		23. SIGHATURE Melanes	. Jallagi	15.0
19. 12 3/ (Date ree'd by res	19.45 ristrar)	. Ho	My W. Muller Registrar	0 + 1/	Date signed	z-31-45

PLEASE WAITE PL VS A15

WITH UNFADING INK. Supply every item of information carefully. The co important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

		I	2	P	1	2	
Reg.	Diat.	N	o	y	2	<u></u>	•••

1. PLACE OF DEATH: County Baltimare County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Baltimore
How long in above place of death? 37 years Neophial institution, or street address where death occurred: 15 Chatsworth Ave.	City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. 15 Chatsworth Ave. (1f rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Katherine A.K. Stocksda	e
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. TCcm for 29 19 45 at 11 30 D.M
8.(6) Name of husband a will Howard H. Stocksdole	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	1919
deceased (mo., day, yr.) April 30, 1877	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
68 7 29hrsmin.	Coronary Thrombosis
9. Birthplace Baltimere Md. (Town, county, and state)	Due to Arterioscierosis
10. Usual occupation Housewife	Due to.
t 1. Industry or business	
12. Name August Carl 13. Birthplace Baltimore Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Katherine Kline 15. Birthplace Baltimore Man	Major findings al operatiana
	Date of op.
18. Interment Howard Stocksdale	Autopsy results
Address & ly ndon,	PHYSICIAN: Please underline the cause te which death should he charged statistically.
17. Burial Bate thereot Jan 2, 1946 (Burial, cremation, or removal, Whitely)	22. VIOLENCE: It death was due to externat causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or ereman Luther an	Where did injury occur? (City or town) (County) (State)
Location Persters lown	tnjured at home, tarm, industry, public place (where?)
18. Funeral director usa & Egory man & Sons	Means of Injury Injured at work?
Address Rusterstund, mg.	23 SIGNATURE S. Vater Landon, M. D.
19. 1) e.c. 3 19.45	23. SIGNATURE. M. D. or other Address. Address. Address.

DESCRIPTION OF THE PROPERTY.

JAN 3 1946 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	120	44 - 0	
4	Reg. Dist.	No. 38	

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Presbyterian Home Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 5 yrs.	State		
3.(a) FULL NAME Elizabeth H. Sturgeon	3. (b) Social Security Number		
4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH DEC. 11, 19 45, ot 94, M.		
6 (b) Name of husband or wife	21. I CERRFY that death occurred on the date above stated; that I attended deceased from 19 45 and that I last saw her alive on 19 19 45		
8. AGE: Years Months Bays If less than one day 77 2 9hrsmi	Immediate cause of death OURATION 1. Obstacles 10 days.		
9. Birthplace Pa. (Town, county, and state) 10. Usual occupation retired 11. Industry or business	Due to Aufordition with		
12. Name Archibald C. Sturgeon 13. Birthplace Pitts. Pa.	Other conditions		
14. Malden name Mary McClain Pitts. Pa. Records Presbyterian Home	(Include pregnancy within 3 months of death) Major findings: 9f operations — Please underling the cause to while the cause the ca		
16. Informant Towson, Md.	Of eutopsy death should be charged statistically.		
Burial Date thereof 12/13/45 (Burial, cremation, or removal, Which?) Loudon Park Cemy. Cemetery or crematory Fred. Ave. Balto. Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Gate of Where did injury occur? (City or town) (County) (State)		
18. Funeral director Johns O. Mitchell Amo Sure 1900 Eutaw Place	Injured et home, farm, industry, public place (where?) Means of Injury Injured at work?		
Address 19 Dec 2 19 17 Million Control of the Cont	23. SIGNATURE SULLA GUILLAND D. or other Address Source - 4- Water signed 12/2/2/4		



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83.0

CERTIFICATE OF DEATH

1. PLACE OF DEATH County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(a time and)	State County County
City by lown	to the second se
How long in above place of death?	(if outside city or town limits, write RJRAL and give nearest town)
Hospilal, Institution, or street address where death occurred: Aurae in times	Street No. Chelsla Verrace
16 Juling We.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Eleanor H. Tulkert	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
\mathcal{F} ω . ω .	OR DATE DE DEATH DLC 3/2 10 45.
of and a least	ZU, DATE UT DEATH
8, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
C (a) 14 allow also are	19.40 to 10 21 19.45
7 Birth data of	and that I last saw h. M. alive on Dec 30 19 45
deceased (mo., day, yr.) Sept 17-1865	Immediate cause of death
8. AGE: Years Months Days If less than one day	
80 3 /3hrsmin.	Culeal apoplexy 3 days
9. Birthplace Baltimore	Due to
9. Birthplace (Town, county, and state)	Cataran salesano de acomo
10. Usual occupation.	
	Due to
11. Industry or business	
12. Name John Holland 3. Birthplace Ballo	Dther conditions
13. Birthpiace Dalto	
14. Malden name. Eleanor ? 15. Birthplace Bally.	(Include pregnancy within 3 months of death)
Ball	Major fiadings ol operations
2 15. Birthplace	Dale of op.
18. Informant // No. / Nover Vienholis	Autopsy results
Address 212 Budge wood Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Nodies3 - 1 - 2 111	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory doudons Oth.	Where did injury occur?
Location Dalla	Injured at home, farm, industry, public place (where?)
wm Cook One	Means of Injury Injured at work?
18. Funeral director	
Address / h /) T Grace	23. SIGNATURE MBumanskood
11/1/46 (scottedant	M. D. or other
(Deta rec'd/by registrar)	Address 2200 Garreson Bled Bate stoned 1-1 "46.

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Late. Requesting V. S. No. 1.

Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-GIANS should state CAUSE Of DEAT. In plain torms so that it may be properly chastified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN BINDING FOR ITH UNFADING INK---THIS IS RESERVED MARGIN

8

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Vill	age or City	1) and	cour p		
	2FULL	NAME	den	2012/10	belleth
	PERSONAL	ANDST	ATISTIC	AL PARTIC	ULARS
35	rale	Whit		MARRIED, WIDOWED OR DIVORCE (Write the wor	Married (D)
6 D	ATE OF BIRTH				
	-		(Month)	(Day)	, 1880 (Year)
7 A		5 yrs.	m	08-	If LESS that I day hrs
(t	a) Trade, profesanticular kind of Ceneral natu	of work re of indu	stry	mer	
(l b w	a) Trade, profes articular kind of b) General natu usiness, or estal chich employed	of work	stry n er)		
(l b w	a) Trade, profesatticular kind of concern natuusiness, or estal chich employed (State or country)	of work	stry n		
(l b w	a) Trade, profesarticular kind co.) General natu usiness, or establishich employed direction (State or counts)	of work re of industrial industri	stry n er)		Tk,
NTS & STN	a) Trade, profesarticular kind co b) General natuusiness, or estal chich employed sirthplace (State or counts)	of work re of industrial polishment is or (employ	stry n er)	J. Sloche	The s
(l) (l) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	a) Trade, profesarticular kind co b) General natu usiness, or estal chich employed sirthplace (State or counts) 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER	of work re of industrial for (employ ry)	lan	alsche	Tk,
ARENTS 6 4 9 1)	a) Trade, profesarticular kind co b) General natuusiness, or estal hich employed sirthplace (State or counts) 10 NAME OF FATHER 11 BIRTHPLAC OF FATHER (State or co	of work re of industrial polishment is or (employ ry) Grant Polishment is or (employ r	land	gloche	72. s
PARENTS & G	a) Trade, profesarticular kind of the control of th	of work re of industrial property of the country of	land land olds	gloche	

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

1	SZIACHETKA Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
1	MEDICAL CERTIFICATE O	F DEATH
	17 I HEREBY CERTIFY, That I atte	nded the deceased from
	and that death occured on the date stated a	
	The CAUSE OF DEATH * was as follows:	above, at
	Pulmonary Stemosis	
	Contributory Chronic Pass Secondary Lungs (Duration) (Signed) M. G. Green	
	Dec 26 1945 (Address 617	
	*State the Discase Causing Desth, Violent Caus s, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) whether
	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
	At place In the	yrsds
	Where was disease contracted, if not at place of death?	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Sacred Jeast	ADDRESS 1945
1	Hred W. Ozazewski	Testern gage



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Womworked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Furmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., et carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway train-Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic valvular heart disease, etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co-is especially important. Physicians: please write the causes of death clearly and looring.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (850)

12047

CERTIFICATE OF DEATH

Reg. Dist. No. 40

	208. Dist. 370	
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Perry Hall (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 35 years Hospital, Institution, or street address where death occurred: Belair Road	(If or town	
How long in hospital or institution?	2.(a) If veteran, name war	
JOHN TANNER	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DE DEATH DECEMBER 1st, 1942 12:504	
6.(b) Name of husband or wife Lena Tanner 5.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) September 12, 1860	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
8. AGE: Years Months Days If less than one day	Immediate course of death and Human stage 5 days	
9. Birthplace Austria (Town, county, and state) 10. Usual occupation Brick Layer 11. Industry or business 12. Name John Tanner 13. Birthplace Austria	Bue to Bue to Bither conditions Citiento Selection	
14. Maiden name Unknown 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major findings of operations.	
16. Informant Mr. John Tanner, Jr. Address Belair Road, Fullerton, Md.	Autopsy results	
tourial (Burial, cremation, or removal, Which?) Cemetery or crematory Holy Redeemer Location Baltimore, Md. 16. Funeral director Association Funes Home	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Address 7401 Belair Road (19/2/2/X) 19/2/X) 19/2/X)	23. SIGNATURE Valle a deedloom M. D. or other M. D. or other	

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New American Charles with

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HOUSE STREET, STREET,

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

CERTIFICATE OF DEATH

City or town.....

Street No.....

20. DATE OF DEATH

2. USUAL RESIDENCE (HOME) 0 (For newborn Infants give residence of

2.(a) If veteran, name war.....

21. I CERTIFY that death occurred on the date abo

Immediate tanger of death ... I allum

Major findings of operations.....

Means of Injury

23. SIGNATURE

OF HEALTH	12048	
EATH	Reg. Dist. No	37
(If outside city or town limit	mother) Baltua a, write RURAL and give n	earost town)
	3. (b) Social Security	Number
at death occurred on the date ab	ove stated; that I attended dec	eased from
of death Andrew	ms, Ofar	DURATION - / day
Heart brease, cl	ane, come to	142400
(Include pregnancy within 3	months of death)	
rase underline the cause to w	hich death should be charge	d statisticaDv.

1. PLACE OF DEATH				2. US
County Uzglu			***************************************	
City or town. (If outsid	e city or town li	mits, write B	URAL and give nearest town)	Slate
How long in above place of de	ath?	Sufel		City or
Hospital, institution, or stree	t address where i	death occurred		Street

How long in hospital or insti	tution?		***************************************	2.(a) ii
3. (a) FULL NAME		1) . 1	00 -1	
	Jose	ph 7	e try luny	pom
4. Set 1 5. 1	Color or race	6.(a) Single	married, widowed, or divorced	
Male	Whole	ly	ent	20, DAT
				21. I CE
6.(b) Name of husband or wi	(a		***************************************	*******
7. Birth date of		,) If alive, give age	
deceased (mo., day, yr.)	Oct	. 20	, 1944	and that
8. AGE: Years	Moeths	Days	It less than one day	Immedi
1	2	10		, mln.
	Desca		me O I	
9. Birthplace	(Town,	county, and a	tate)	Doe to
10. Usual occupation	9~	Land	+ 0	
				Due to
11. Industry or business	Charle	R	the man of	1
12. Name	munce	3 V I	De la	Diher co
	10	sexas	Mayland	<u> </u>
14. Malden name	Mal	up &	- Noney	
14. Malden name		Ball	. med.	Major f
	has - 1.	3 41	9	
18. loformant	4		my fr	Autopsy PHYSIC
Address	, de	scao,	Ma.	22. VIO
(Burial, cremation, or r	l	Date there	or Jan. 1, 1946	
(Burial, cremation, or r	emoval. Which?)	anna.	(month) (day) (year	'
Cemetery or crematory	97-	roses		Where d
Location	Lesc	as ·	mayland	· Injured :
	P	/	m. Brook	Means o
18. Foneral director	dand	0		
Address		Spa	uls, md.	23. \$16
Dec.31	45	Wiln	ner C.Ensor	23. 316
(Date rec'd by registra	19		Regi	strar Address

Autopsy results..... PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Injured at work?

CERTIFICATE OF DEATH

Date signed 12/8/45

1. PLACE OF DEATH: County Death of the state of the stat	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Clifford County
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Bensamus Evacs Je 4. Sex 9. Folor or race 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
MW	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov. 13, 1943	and that I last saw h. Good. alive on
8. AGE: Years Months Days If less than one day 2 0 24hrsmin.	Immediate cause of death
8. Birthplace Balto (Town, county, and state)	Due to Conquistre heart disease E
10. Usual occupation	Due to.
12. Name	Dther conditions
14. Malden name, X glow Gynelia Kernbough	(Include pregnancy within 8 months of death)
15. Birthplace Tullerwelle Ballo Co. Wish.	Major findings of operations
16. Informant Address Laborated Community States	Autopsy results
17. Dividal Date thereot 10.45 (Burial, cremation, or regnovni. Which?) (month) (day) (gear)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory. I suitely Ebiscopilal	Where did injury eccur?
18. Funeral director J. 1. SOU BLOOK A.	Injured et home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Sparks Dygge Ablied them	23. SIGNATURE Clevel Amel, M. D. or other
(Date rec'd by registrar)	M. D. or other Address Town Mol Date signed 12/8/45

Registrar Address Two Me!

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



12050

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new orn mants over residence of mother)		
Catonsville			
City or town. CRUONSVILLE (If outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death?	Desa Olas an massard 1) A		
Hospital, institution, or street address where death occurred:			
Opit, Nursing Home			
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME FANNIE M. WADE	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	1100 31		
	25. DRIE DE DEATH		
8.(b) Name of husband or wife Benj. H. Wade	21. 105 RTIFY that death occurred on the date above stated; that Lattended deceased from		
	19. 0, 10. 0. 10. 0. 19.		
7. Birth date of deceased (mo., day, yr.) Aug. 20, 1863	and that I last saw a last alive on 19.3.		
8. AGE: Years Months Days If less than one day	Immediate cause of death.		
82 4 11	J. J		
Mamrland	anten de la como de la		
9. Birthplace Maryland (Town, county, and state)	Due to		
10. Usual occupation Housewife			
	Due to.		
11. Industry or business			
12. Name Joshua Proctor 13. Birthplace Md.	Dther conditions		
	(Include pregnancy within 8 months of deoth)		
14. Malden name. Maria ?	Major fiedings of operations.		
14. Malden name. Maxia ?	Date of on		
18. informant Mr. Proctor S. Wade	Actorsy results		
	PHYSICIAN: Flease underline the cause to which death should be charged statistically.		
Address 4609 Linden Ave., Halethorpe	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burial Date thereof 1/2/46 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Loudon Park Ceme			
	Where did injury occur?		
Location Balto, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director WM. J. TICKNER & SONS	Means of Injury (pfored at work?		
Address Balto., Md.	Italy Om Hanny St		
	23. SIDANTORE LINE TO MINING THE PROPERTY OF T		
19. (Date rec'd by registrar) 19 X 6 AW. Heffred Dir Registrar	M. D. or other		
(Date rec'd by registrar) Registrar	Address Date signer Of		

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 97 CERTIFICATE OF DEATH Reg. Dist. N 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: on carefully. The clearly and legibly. (For newboru infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) Cliy or town (If outside city or town limits, write RURAL and give nearest town Hospital, institution or street address where death occurred: (If rural, give LOCATION) information of death clea How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race MEDICAL CERTIFICATION item of i BINDING 20. DATE DE DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from B.(c) if alive, give age. Supply ever and that I last saw handle on 7. Birth date of deceased (mo., day, yr.) Months Days If less than one day 8. AGE: RESERVED þ ADING INK. 9. Birthplace (Town, county, and state) 10. Usual occupation. MARGIN 11. Industry or business important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace Major findings of operations PLAINLY, is especially 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statisticall 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) Aday) (year) Where did injury occur?(City or town) WRITE Injured at home, farm, Industry, public place (where?) lojured at work? Masns of Injury 18. Funeral director SE PLEA Address Registrar (Date rec'd by registrar)

. The correct age legibly.

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	10	1:	5	3
-	1	1.	U	U
				-

		CERTIFICA	TE OF DEATH	Reg. Dist. No.		
How long in abo Hospital, Instill	Catonsville Catonsville (If outside city or town ution, or street address where ring Grove	limits, write RURAL and give nearest town) death occurred:	State	City or town BALTIMORE (If outside city or town limits, write RURAL and give nearest town 1654 Round Hill Rd. (If rural, give LOCATION)		
3. (a) FULL	. NAME	PAULINE WALTERS		3. (b) Social Security Number none		
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEI	DICAL CERTIFICATION		

4. Sex	5. Color or race	S.(a)Sing	le, married, widowed, or divorced	1
Female	White		Widow	20. DATE OF
C (h) Name of huchand	or wifeHenr	y Walt	ers	21. I CERTIF
			(c) If alive, give ageyear	
7. Birth date of deceased (mo., day,	Oct			and that I la
8. AGE: Year	71.7		If less than one day	Immediate o
79	2	13	hrsmin	a
8. Birthplace	Hous.	county, and	state)	Due to
12. Name	- Hein	tz		Diher condit
13. Birthplace	Germany			00011011111100000
441				
14. Malden name.	Unkno	wn		Major find

hat death occurred on the date above stated; that I attended deceased from DURATION (Include pregnancy within 3 months of dead

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially

Address Date thereof... (month) (day) (year) (Burlal, cremation, or removal, Which?) Western Cem. Cemetery or crematory.

Balto., Md.

WM. J. TICKNER & SONS 18. Funeral director.

Balto., Md. Address

(Date rec'd by registrar)

Registrar

M. D. or other

(County)

tolured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

Accident, suicide, or homicide.....

injured at home, farm, lodustry, public place (where?) ...

Where did injury occur?

Means of Injury

RECEIVED DEC 5 1948

2411 N. Charles St., Baltimore 93-2

12054

M.D. or other

Md Date signed 12/

	•		CERTIFICA	TE OF DEATH	Reg. Diat. No	
How long in above place of d Hospital, institution, or stre Spring	Balti Caton de city or town li leath? 2 leath address where Grove	sville mits, write R days death occurred State	URAL and give nearest town) HOSpital	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n Maryland Cour State Maryland Cour Baltimore (tf outside city or town limits, 4413 Old Yor (If rural, give 2.(a) It veteran, name war.	nty , write RURAL and give nea Pk Road LOCATION)	rest town)
3. (a) FULL NAME		A	da Florence W	iener	3. (b) Social Security	Number
4. Sex 5.	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	M	arried	2D. DATE DF DEATH December 1	lst 19.45	,11:25A
7. Birth date of deceased (mo., day, yr.)	May 6	6.(0	J. Wiener (c) It alive, give age Unknow,	21. I CERTIFY that death occurred on the date about the last saw h	5 . Dec. ls cember 1st	19.45
8. AGE: Years 68	Months 6	Days 25	tf less than one day	Tefminal left low		20 hrs
9. Birthplace 1D. Usuat occupation	(Town, H			Due to Chronic hyperte arteriosclerotic C	ensive C-V disease	Indef.
11. Industry or business None 12. Hame Maryland Naryland			r.	Other conditions Chronic gane osteo-arthritis (thelude pregnancy within 3 m		
100 Intollicant	spital	Recor	ds	Major findings of operations		
17. Quria	Gova lho:	Date ther	eot 12-4-45 (month) (day) (yesr)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	ses, till in the tollowing;	(State)

23. SIGNATURE

Address.

Registra

ville.

Menry

Mead 28

5305 Hartond Kd-14-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

Address

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

age

2411 N. Charles St., Baltimore 12-6)

CERTIFICATE OF DEATH

County City or town (It putsign city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Juin Gilbert Wilhelese	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced m.	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dec. 2 / 19.743 at / :30a
8. (b) Name of heebzood or wife S. (c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 12. 19. 45. and that Cart saw h. 20. alive on Duration Duration Duration
9. Birthplace	Due to
11. Industry or business 12. Name From Twillelin 13. Birthplace Manyland	Due to
14. Malden name Greek Treesis 15. Birthplace Muyland 16. Informant Mus & Gilbert William	(Include pregnancy within 3 months of death) Major findings of operations
Address Upper Trade Trad	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Sulb Co Md 18. Funeral director Edw Agripton	(City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manna of injury Injured at work?
19. Wate 22 19.45. C. E. Fryth M. W. (Date ree'd by registrar)	23. SIGNATURE namie C. Varter fund Address Namps kend, med Date Signed lat 24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33d)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore	State Haryland County	
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	D 311	
How long in above place of death? 7 days	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 124 N. Wolfe St.	
Vets.Adm.Hosp. Fort Howard, Maryland	(If rural, give LOCATION)	
How long in hospital or institution? 7 days	2.(a) If veteran, name war. SAW	
3. (a) FULL NAME	3. (b) Social Security Number	
CHARLES WILSON		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white Widowed	20. DATE OF DEATH. December 17 19.45	
6.(b) Name of husband or wife. deceased	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	December 10, 19 45 to December 17 19 45	
7. Birth date of	and that I last saw h. im. alive on December 17 19.45	
deceased (mo., day, yr.) July 12, 1877	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Arteriosclerotic Heart Disease 3 yr.	
68 5 5hrsmio.	THE THE TENTH OF THE PARTY OF T	
9. Birthplace. Philadelphia, Pa. (Town, county, end state)	Due to	
1D. Usual occupationUnemployed	Due to	
11. Industry or business		
12. Hame unknown 13. Birthplace Philadelphia, Pa.	Other conditionCerebral Arteriosclerosis;	
13. 8 Irthplace Philadelphia, Pa.	Suppurative Arthritis, rt.elhow; Chr.	
# 14. Maiden name ? Klettenger	Hypertrobhitemarthritissont I dant spine	
E	Major findings of operations	
15. Birthplace Philadelphia, Pa.	Date of op.	
18. Informant Clinical Records, Vets. Adm.	Antopsy results.	
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Bell 2 Date thereof / > 2/- 45 (Burist, cremation, or remoyal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Ballio Malional	Where did injury occur?	
Fridi la Ram	Injured at home, farm, industry, public place (where?)	
LOCZIION		
18. Funeral director adder Trucer of Ame !	leads of Injury Injured at work?	
Address 4644 york Road.		
Notice A No -	23. SIGNATURE H. Y. RICHARDS, MAJOR, M. C. ACT. CLINA. M. D. or other DIR.	
19 17 19 45 19 CONNERS		
(Date rec'd by registrar) Registror	Address Vets . Adm . Ft . Howard . Md . Date signed 12-17-45	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore qua

CEPTIFICATE OF DEATH



			CLRTITICA	IE OF DEATH	Reg. Dist. No	7-0
1. PLACE OF DE.	ATH: imore			2. USUAL RESIDENCE (HOME (For newborn lufants give residence	E) OF DECEASED:	
City or fown	verlea utside eity or town iii	nits, write	RURAL and give nearest town)	State Md.	county Baltimo	
			S	City or town Overlea (If outside city or town I		nearest town)
Hospital, Institution, or			d:	Streef No. 6813 Bela		***************************************
					give LOCATION)	
			***************************************	2.(a) If veteran, name war	************************************	***************************************
3. (a) FULL NAMI	FRED E.	. WIL	SON		3. (b) Social Securit	y Number
4. Sex	5. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL	CERTIFICATION	
male	white		married	20. DATE OF DEATH December		4:15P.
6.(6) Name of husband			Wilson c) If alive, give age vears	21. I CERTIFY that death occurred on the dat		
7. Birth date of			h. 1886	and that t tast saw halive on	Des 2J	19.4/4
deceased (mo., day, y 8. AGE: Years		Days	If less than one day	Immediate cause of death		
59	11	0	hrs,mlo.	Commy wast		
9. Birthplace New York (Town, county, and state)		Due to				
1D. Usual occupation		v		Due fo		1
144	gene Wil:		•••••	Dther conditions		***************************************
≦ 13. Birthplace	New Yorl	<u> </u>		(Include pregnancy withi		••••
HE 14. Maiden name 15. Birthplace	Mary Sci New York		ler	Major lindings of operations		at at a table and a table at a
			on			
				Autopsy results		
Address 68	13 Belai:		d, Balto. 6, Md.			w statistically.
(Burial, cremation, or removal. Which?) Bate thereof. Dec. 24; 1945. (month) (day) (year)		22. VIOLENCE: If death was due to external				
				Accident, suicide, or homicide		
	, Parkwoo			Where did injury occur?(City or tow	vn) (County)	(State)
LocationBa	ltimore,	Md.	***************************************	tnjured af home, farm, industry, public place	(where?)	
18. Funeral director	(accalm)	Ten	und Home	Means of Injury	Injured at work?	
Address 74	ol Belair	Roa	d	at 11	1. 1 n. 1	
19. Llec . 22	19 45	Thro	9. L. Reefander	23. SIGNATURE Led the	M. D	or other

RECEIVED DEC 26 1945 BUREAU V.S.

ADING INK. Supply every item of information carefully. The complyicians; please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 769

CERTIFICATE OF DEATH

1205g

	IE OF DEATH Reg. Dist. No. 35
1. PLACE OF DEATH: County AITING	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County County City or town (If outside city or town limits, waste RURAL and give yearst town) Street No. 580 2
How long in hospital or institution?	(If rural, giva LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME GROFGE ZAKULA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. De C. 19 18.45 at M
B.(b) Name of husband or wife. 7. Birth date of S.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-e c. 18 45 to 8e c. 14 19 45 and that I last saw h
deceased (mo., day, yr.) Q	Immediate cause of death Head INSUTY - Fractures Kull Exposure
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business	Due to
12. Name	Dther conditions
14. Maidea name	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Theatenut & Morin	Autopsy results.
Address Duluth Minnesota 17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec 23 / 945 (month) (day) (year)	PHYSICIAN: Please maderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) [Ref. R. K. M. G. I.T. F. L.T. J. L.T. F. L.T. J.
18. Funeral director	Means of Injury Injured at work?
Address Sparly, and. 19. Dec. 29. 18. 45 Mrs. Howard S. Markling (Date rec'd by registrar)	23. SIGNATURE G. L. France M. D. Os other 12/19/45 Address Parleton, Lud. Bate signed 12/19/45

JAN 2 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.
OF DECEASED.
mother)
unity.
ts, write RURAL and give nearest town)
ts, write RURAL and give nearest town)

(b) Social Security Number

County	State County City or town
3. (a) FULL NAME	3. (b) Social Secu
amanda Robinson	Zenk,
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W. wydow.	2D, DATE OF DEATH
6.(b) Name of husband or wife John D. Bush.	21. I CERTIFY that death occurred on the date above stated; that I ettended
7. Birth date of doceased (mo., day, yr.) Sept. 2, 1864	end that I last saw had alive on any Thomas
8. AGE: Years Months Days It less than one day	Ammediate Cause of dead
81 2 29hrsmin.	
9. Birthplace District Ballo Co. Ma. (Town, county, and state)	Due to artoris selevines
10. Usual occupation ACUADIULE	Due toSerulity
11. Industry or business	
12. Hame 12. Mane 12. Manual 12.	Dther conditions
a. 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden nama. Alaka Malarufu Malaruf	Major findings of operations
11801 C 1000 X X X 101	Date of op.
16. Informant	Autopsy results
Address Of Sulfacete, Mac.	an THOLFICE. If don't wan due to external source, fill is the following:

Address (Date rec'd by registrar)

Means of injury

Accident, sulcide, or homicide. Where did injury occur?

(County)

(City or town)

Injured at home, farm, Industry, public place (where?)

ath should be charged statistically

DEC 5 1945 BUREAU V S.